



# LANDLORD/MANAGING AGENT NOTIFICATION OF CHANGE IN TENANT'S ELIGIBILITY FOR RENT FREEZE PROGRAM BENEFITS

FOR OFFICE USE ONLY

**INSTRUCTIONS:** Use this form if you are the landlord or managing agent of tenants who are no longer eligible to receive Rent Freeze (SCRIE or DRIE) benefits for any of the following reasons:

- Tenant is deceased
- Tenant vacated the apartment or moved
- Tenant has been approved for other housing benefits
- You suspect that the tenant is receiving Rent Freeze benefits for which they may not be eligible

Please complete the information requested in Sections 1 and 2, sign the certification section, and submit this form within 30 days of becoming aware of your tenant's change in eligibility for Rent Freeze Program benefits.

Mail completed form with all required documents to: New York City Department of Finance - Rent Freeze Program, P.O. Box 3179, Union, NJ 07083. You may also submit the completed form online by visiting the NYC Landlord Express Access Portal at [www.nyc.gov/contactleap](http://www.nyc.gov/contactleap).

If you need assistance, please call 311 or send us a message by visiting [www.nyc.gov/contactscrie](http://www.nyc.gov/contactscrie) for SCRIE or [www.nyc.gov/contactdrie](http://www.nyc.gov/contactdrie) for DRIE.

## SECTION 1: TENANT INFORMATION (REQUIRED):

<b>SCRIE DOCKET #:</b>		<b>DRIE DOCKET #:</b>
TENANT NAME:		
TENANT ADDRESS:		APT #:
CITY:	STATE:	ZIP:

## SECTION 2: CHANGE IN TENANT'S ELIGIBILITY INFORMATION (REQUIRED)

The tenant named in Section 1 is no longer eligible to receive Rent Freeze Program benefits because (choose reason below):

- Tenant passed away on: \_\_\_\_\_  
(Please attach a copy of the death certificate, if available.)
- Tenant vacated the apartment and moved on: \_\_\_\_\_
- Tenant was approved for other housing benefits as of: \_\_\_\_\_  
(Please attach a copy of the approval notice or other supporting documents.)
- Tenant is not entitled to receive Rent Freeze Program benefits as of: \_\_\_\_\_  
(Please attach a letter and any supporting documents explaining why the tenant is not eligible for benefits.)

## CERTIFICATION

I affirm that the information above is true and is being provided to the Department of Finance to determine the effective date of the revocation of the Rent Freeze benefits. I understand that I may be debited any tax abatement credit (TAC) issued to this property when my tenant(s) were not eligible to receive Rent Freeze benefits. I understand that I may now have charges due on my property tax bill for tax periods previously satisfied.

\_\_\_\_\_  
Signature of Landlord or Managing Agent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Email

If due to a disability you need an accommodation in order to apply for and receive a service or participate in a program offered by the Department of Finance, please contact the Disability Service Facilitator at [www.nyc.gov/contactdofeeo](http://www.nyc.gov/contactdofeeo) or by calling 311.