

COVID-19 Application For Temporary Relief Of Debt Collection Activity

This form is not to dispute the debt. To dispute the debt, please visit the TAB website for instructions on how to request an [emergency electronic hearing](#) or [hearing by mail](#).

The applicant is the party that owes a debt to the Transit Adjudication Bureau (TAB) and requesting a temporary relief for the debt. Due to the financial impact of COVID-19 response, I request that TAB provide a temporary relief for a debt that is owed to the TAB. I understand that, TAB has the sole discretion of the potential relief available for those impacted by the response including temporary waiver of collection fees and late payment penalties, the temporary tolling of time periods counting toward the time penalties will be applied, the temporary waiver of post-judgment interest that accrues under the C.P.L.R on filed judgments, the decertification of debts from the Statewide Offset Program (SWOP) that intercepts tax refunds, the temporary cessation of judgment enforcement for accounts in judgment, the temporary postponement of payments due, and the modification of payment agreements previously entered into with TAB.

First Name *

Last Name *

Date of Birth *

Social Security Number

E-mail Address *

Phone Number*

Cell Phone Number

Notice of Violation Number(s)

Street Address (Include Apt. #, if applicable) *

Employment Information

Describe how you have been financially impacted by COVID-19. (Applicants must demonstrate a reduction of income or other material financial impact.)

When and how do you plan to repay this debt in the future?

Please provide any other additional information that may be of assistance in reviewing your application information.

CERTIFICATION I certify that, to the best of my knowledge and belief, the facts set forth in the foregoing application are true, correct and complete. I understand that this information is to be used to determine eligibility for debt relief. I understand that the information provided may be verified by the Office of the Transit Adjudication Bureau. If asked by an authorized official, I agree to give further proof of the information that I have provided on this form. *

Signature