

LANDLORD/TENANT CASE/CLIENT INTAKE SHEET
PROVIDING TENANT CONTACT INFORMATION IS REQUIRED

How were you referred to our office? _____

Client Contact Name: _____ Client Phone: _____

Client Address: _____ Alternate Phone: _____

_____ Client E-Mail: _____

_____ Client Fax: _____

Owner Name: _____ Owner Phone: _____

Owner Spouse=s Name: _____

Owner Information (LLC, LLP, Corporation, Trust, Single Person, Married Separate Property, Married Marital Community Property): _____

Tenants and All other Adult Occupants Name(s): _____ Tenant's Marital Status: _____

_____ Tenant's Phone Number: _____

_____ Tenant's Email Address: _____

Tenant's SSN/DOB: _____ Tenant's Spouse Name: _____

Is Tenant or Any Dependand of the Tenant in Active Duty or Reserve Military Service? Yes: _____ No: _____

Leasehold Address & Unit No.: _____ Lease Enter Date: _____

_____ Lease Term From: _____ To: _____

Is the Tenancy Subsidized (Sec. 8/LIHTC/HUD/USDA/OTHER)? Yes _____ No _____

Explain _____

Is the mortgage backed by Fannie Mae or Freddie Mac? Yes _____ No _____

Is it a Secured Property? Yes _____ No _____ (Key/Code) _____

If Neither provide Phone Number for Entry _____

Are There Multiple Residence(s) at Property? Yes _____ No _____ Explain _____

Did the tenant(s) ever have an ownership interest in the property? Yes _____ No _____ Explain _____

Is the leasehold premises currently in and/or in threat of foreclosure due to non-payment? _____ Yes _____ No

Did the tenant complete a move in property condition checklist at the onset of tenancy? _____ Yes _____ No

Deposit Amount: \$ _____ Select Deposit: _____ Security _____ Damage _____ Cleaning

Monthly Rent Amount: \$ _____ Rent Due Date: _____

Rent Late After: _____ Late Fees: \$ _____

Rental Arrears: Date _____ \$ _____

Date _____ \$ _____

Date _____ \$ _____

Date _____ \$ _____

TOTAL: \$ _____

Tenant Default(s)/Basis for Action (Non-Payment, Etc.): _____

Notice Served: _____ Notice Issue Date: _____

Manner of Service (Hand Delivered, Post and Mail): _____

Name of Client Contact Completing Form

Date

Signature

EMS/jj/rrw/lkg/rrw/mkm