

New Client Intake Sheet Please Complete Sections 1-5:

SECTION #1-LEGAL OWNER INFORMATION Name(s): Billing Address: City, State, Zip: Cell #: _____ Home #: _____ Work #: _____ Fax #: _____ YES NO Would you prefer to receive your invoices by email? Email: ______After Hour Contact #: _____ Point of contact other than owner: _____ _____Phone #:___ PLEASE NOTE: ADDRESS ABOVE WILL ONLY BE USED FOR THE EVICTION CENTER MAILING PURPOSES **SECTION #2 – PROPERTY DETAILS** YES NO Is your rental property in a trust? If yes, please provide the 1st page/title page of trust: □Corp □Partnership □LLC □Other Checkbox Is your rental property in a: If checked, what name is it under? YES NO Is the property operated/managed under a DBA? If yes, DBA Name: YES NO Are you the only legal owner? If no, name of other owner(s): YES NO Did you just purchase property? Date Purchased: _____/ (If yes, please provide a copy of the recorded deed) **SECTION #3 – TENANT INFORMATION** ☐ Residential ☐ Commercial □Other Is Property: Tenant Name(s): PLEASE LIST ALL PERSONS OVER THE AGE OF 18, DO NOT LIST MINORS. PLEASE NOTE IF DBA, LLC, OR CORP. Detailed Property Address: ______ Apt/Unit #: _____ City, State, Zip: _____ APN # (if known): YES NO Is residence a mobile home? YES NO Do you own the mobile home? YES NO Gated Community / Gate Code: Any restrictions on time, guest list, etc.?_____



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YES	NO	Is the tenant(s) or any k	nown occupant in the	military?			
YES	NOQ	If yes, are they current	y deployed?				
Checkb	ox:	Is your Rental/Lease ag	reement:				
		□ Verbal	\square Written	☐Month-to	-Month	□Lease	
		Date tenancy started: _		(Pu	t approx. m	onth/year if exact date is unknown)	
		Monthly rent of	is du	e on what day	of the mo	nth?	
YES	NO	Have you had any rent	ncreases or decreases?	•			
		If yes, when and how m	iuch:				
SECTIO	N # 4 – F	HAS A NOTICE BEEN SER	VED				
YES	NO	Did you serve your owr	notice?				
	If yes, please fax or email notice(s) and proof of service to our office.						
NOTE:		Only fill out below if th	e Eviction Center will k	e preparing a	notice for	you	
SECTIO	N # 5 – \	WHAT TYPE OF NOTICE I	OO YOU NEED PREPARI	ED AND SERVE	D?		
Please	check wl	hich notice:		Rent to be Pa	id:		
		3 Day to Pay Rent			In Perso	on	
		Notice to Perform			By Mail		
		30 Day Terminate of Te	nancy		Deposit	t into Bank Account	
		60 Day Terminate of Te	nancy		EFT Pay	ment	
		3 Day Quit/90 Day Quit	(After Foreclosure)		Other		
	(Will ne	eed a copy of the recorded	Trustee's Deed)				
Person	to make	e payable to:					
Addres	s for pay	ment:					
Days Available:		TO		Hours AvailableTO			
(To acce	ept rent)	(Example: Monday to Sunday)				(Example: 8am to 5pm)	
Any ad	ditional i	information you can pro	vide us to help service?				
-							
	•	dogs, history of violence, v	• •				
Note:	If the Ev	riction Center will be prepa	ring your notice, addition	al questions ma	y be asked	to ensure we have accurate info.	



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ill you			
	Cash		or Cash and Direct Deposit/EFT y
	Money Order	m	nust give one other payment opt
	Check	Note: Yo	ou can only go back 12 months
	Cashier's Check	fc	or past due rent and late fees.
	Direct Deposit/EFT	Month/Ye	ear Amount
is to be	e deposited into a bank:	Jan/	<u>\$</u>
Bank /	Account #:	Feb/	
Bank I	Name:	Mar/	<u> </u>
Bank I	Hours/Days:	Apr/	<u> </u>
Bank /	Address:	May/	<u> </u>
Bank (City, State, Zip:	Jun/	\(\frac{1}{2}\)
(Addre	ess has to be within five (5) miles from rental p	property) Jul/	\$
onies di	ue other than rent:	Aug/	\$
☐ Late	e fee(s)/amount/months:	Sept/	<u> </u>
	curity Deposit:	Oct/	\$
□ 2ec	,		
□ sec	, ,	Nov/	<u>\$</u>
	F:	Nov/ Dec/	
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