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Landlord-Tenant: Residential Intake Questionnaire

Landlord Name on Deed	Name of Tenant of Record
Landlord's Business Address	Name of other occupants
Property address, incl. zip code	Written Lease or Month to Month
How Many Units in Building?	Date Tenant Moved in
Any illegal Units?	Date of Lease Commencement
Is HPD Registration Current?	Date of Lease Termination
MDR Number	Security Deposit Paid/On File
HPD/MDR Agent Information	Amount of Monthly Rent
Rental Assistance Programs (Current)	Monthly Rent Due Date
Rental Assistance Programs	Are there rent arrears?
(Previous with Tenant)	If yes, complete breakdown
Is anyone in the unit in the military or dependent on anyone	Other Defaults by tenant If Yes, add details on next page
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Is anyone in the unit elderly (over the age of 70?)	Are there any dogs in the unit?
Is anyone in the unit disabled (mentally or physically)?	Anything else we should know?

To be completed	& approved	by the Landl	ord or Landl	ord's agent.
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Initial in	agreement	with a	compl	eted i	inform	ation
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Rental Arrears (List payments beginning with this month and continue back until zero balance)

Due Date	Amour		Balance			
Due Date	Amour	it raiu	Datatice			
	I		l			
	Defaults k	y tenant				
Description of Tenant Defa		Landlord's Prior Response to Default				
·			·			
Repairs Claimed by Tenant						
To be completed & approved by the Landlord or Landlord's agent.						
Initial in agreement with completed information.						