

ALL COUNTY EVICTIONS INTAKE FORM

WELCOME TO OUR OFFICE:

Thank you for the opportunity to serve your legal needs. The information provided is strictly confidential and is to be used only in connection with legal services provided to you

Please note in addition to the information below, you will also need to provide a copy of any written rental agreements; the most current notices that have been given to your tenant(s); rental application if you have one; tenant ledger showing rents paid/owed; utility bills if applicable.

Date: ____ / ____ / ____

Landlord/Property Manager Name: _____

Cell Phone #: _____ Alt. Phone #: _____

Email: _____

Legal Owner (On Tax Records): _____

Who is paying for this service? Name: _____

Address _____ Unit or Apt # _____

City _____ State _____ Zip Code _____

Are you trying to collect money from your tenant? Yes No

If **yes** what is this money for? (Check all that apply)

Rent Security/Damage Deposit Utilities Late Fees Other _____

If you're not trying to collect money what is the reason for requesting our services?

- | | |
|---|---|
| <input type="checkbox"/> 3 day quit | <input type="checkbox"/> 30 day to cure lease |
| <input type="checkbox"/> 3 day pay or vacate (commercial) | <input type="checkbox"/> 30 day to quit for misrepresentation during application |
| <input type="checkbox"/> 10 day comply | <input type="checkbox"/> 60 day termination for 4 or more violations |
| <input type="checkbox"/> 14 day pay or vacate | <input type="checkbox"/> 60 day termination for other good cause |
| <input type="checkbox"/> 20 day termination shared dwelling | <input type="checkbox"/> 60 day notice of non-renewal |
| <input type="checkbox"/> 20 day termination of sexual harassment | <input type="checkbox"/> 60 day quit due to sex offender |
| <input type="checkbox"/> 30 day for remaining occupants to become party to rental agreement | <input type="checkbox"/> 90 notice of owner occupy |
| <input type="checkbox"/> 30 day quit transitional housing | <input type="checkbox"/> 90 day notice of sale |
| <input type="checkbox"/> 30 day quit premises uninhabitable | <input type="checkbox"/> 120 day demolition/substantial rehabilitation/change in use |
| <input type="checkbox"/> 30 day quit transitional housing | <input type="checkbox"/> did your own notices and starting with summons and complaint |
| | <input type="checkbox"/> invitation to new rental agreement |
| | <input type="checkbox"/> repayment agreement |

INITIALS _____

If your tenant needs to pay money, what address would they need to send payments to?

Address _____ Unit or Apt# _____ City _____ State _____ Zip Code _____

What type of agreement do you have with your tenant(s)?

- Oral Agreement
- Written Lease
- Month to Month
- No rental agreement – staying without ever any rents expected.

Rental Property Address: _____
Address _____ Unit or Apt # _____

_____ City _____ State _____ Zip Code _____

Tenant #1 (Name) _____ (D.O.B.) _____ (S.S.N.) _____

Tenant #2 (Name) _____ (D.O.B.) _____ (S.S.N.) _____

Tenant #3 (Name) _____ (D.O.B.) _____ (S.S.N.) _____

Tenant #4 (Name) _____ (D.O.B.) _____ (S.S.N.) _____

Is this property subsidized in any way? If so please list _____

Are any of the tenants listed on the rental agreement in the military? Yes No

How many minor children if any live at the premises? _____

Are there any pets that you are aware of? Yes No

How many? _____ What breed(s)? _____

Is there a garage or a storage facility at the premises? Yes No Type: _____

Do we need any access key or code to access the premises? Yes No Code: _____

What is the monthly rental amount? _____

If your tenant owes rent, how much do they owe for _____? _____
current month

How much previous rent, if any, is owed? _____

If you would like us to ask for late fees this would need to be done in a 10 Notice to Comply.
Are there any medical, safety or other issues that we need to be aware of?

INITIALS _____

Is your tenant or your property covered/subject to any of the following:

Y N participates in the “rural housing voucher program under section 542 of the Housing Act of 1949”

Y N has a federally backed mortgage loan (Fannie Mae or Freddie Mac)

Y N has a federally backed multifamily mortgage loan.

Y N (1) Section 202 Supportive Housing for the Elderly ([12 U.S.C. 1701q](#)), with implementing regulations at [24 CFR part 891](#).

Y N (2) Section 811 Supportive Housing for Persons with Disabilities ([42 U.S.C. 8013](#)), with implementing regulations at [24 CFR part 891](#).

Y N (3) Housing Opportunities for Persons With AIDS (HOPWA) program ([42 U.S.C. 12901 et seq.](#)), with implementing regulations at [24 CFR part 574](#).

Y N (4) HOME Investment Partnerships (HOME) program ([42 U.S.C. 12741 et seq.](#)), with implementing regulations at [24 CFR part 92](#).

Y N (5) Homeless programs under title IV of the McKinney-Vento Homeless Assistance Act ([42 U.S.C. 11360 et seq.](#)), including the Emergency Solutions Grants program (with implementing regulations at [24 CFR part 576](#)), the Continuum of Care program (with implementing regulations at [24 CFR part 578](#)), and the Rural Housing Stability Assistance program (with regulations forthcoming).

Y N (6) Multifamily rental housing under section 221(d)(3) of the National Housing Act ([12 U.S.C. 17151\(d\)](#)) with a below-market interest rate (BMIR) pursuant to section 221(d)(5), with implementing regulations at [24 CFR part 221](#).

Y N (7) Multifamily rental housing under section 236 of the National Housing Act ([12 U.S.C. 1715z-1](#)), with implementing regulations at [24 CFR part 236](#).

Y N (8) HUD programs assisted under the United States Housing Act of 1937 ([42 U.S.C. 1437 et seq.](#)); specifically, public housing under section 6 of the 1937 Act ([42 U.S.C. 1437d](#)) (with regulations at [24 CFR Chapter IX](#)), tenant-based and project-based rental assistance under section 8 of the 1937 Act ([42 U.S.C. 1437f](#)) (with regulations at 24 CFR chapters VIII and IX), and the Section 8 Moderate Rehabilitation Single Room Occupancy (with implementing regulations at [24 CFR part 882, subpart H](#)).

Y N (9) The Housing Trust Fund ([12 U.S.C. 4568](#)) (with implementing regulations at [24 CFR part 93](#)).

Covered housing provider refers to the individual or entity under a covered housing program that has responsibility for the administration and/or oversight of VAWA protections and includes PHAs, sponsors, owners, mortgagors, managers, State and local governments or agencies thereof, nonprofit or for-profit organizations or entities. The program-specific regulations for the covered housing programs identify the individual or entity that carries out the duties and responsibilities of the covered housing provider as set forth in part 5, subpart L. For any of the covered housing programs, it is possible that there may be more than one covered housing provider; that is, depending upon the VAWA duty or responsibility to be performed by a covered housing provider, the covered housing provider may not always be the same individual or entity.