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TRUST. COMMITMENT. INTEGRITY.

HOLDOVER INTAKE SHEET

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Yonkers, New York 10704
Tel: (914) 965-1011 Fax: (914) 965-0019

Please complete this form and fax or email back to our office as soon as possible.

MANAGEMENT/CLIENT INFORMATION:

Client Name: Telephone #'s: Work: Cell:
Business Address: Fax:
Email:

LANDLORD INFORMATION:

Landlord Name: Telephone #'s: Work: Cell:
Business Address: Fax:
Email:

Officer/Member Name that will be Signing Signature/Verification Form: Title:

BUILDING INFORMATION:

Legal One Family ( ) Legal Two Family ( ) Legal Three Family ( ) Residential and six or more units ( ) Coop ( ) Condo ( )
Mixed Commercial/Residential ( ) Commercial ( ) Other

TENANT & LEASE INFORMATION:

Tenant Name: Other Occupants/Subtenants
Address: (Street # and Street Name) (Apt./Unit #) (Floor) (City) NY (Zip Code)

Residential ( ) If yes, is apartment legal Yes ( ) No ( ) Commercial ( ) If commercial describe type:

Additional Address for Service: Rent Stabilization/DHCR #:

Lease Info: Month-to-Month Tenancy ( ) Free market ( ) ETPA ( ) Rent Control ( ) Other
Section 8 ( ): If yes, specify type Yonkers ( ) Mt. Vernon ( ) Tuckahoe ( ) West. County ( ) Other
Section 8 Address:
Lease Dates: From to Current Lease Renewal: From to
(Attach copy of Lease and Current Lease Renewal)

Monthly Rent: Tenant's Portion: Amount Subsidized by: Section 8: DSS:

Total Amount Due: \$ Thru Rent Due on: 1st ( ) 15th ( ) Other

5 Day Rent Demand Served Yes ( ) No ( ) If yes, when (Attach copy of 5 Day Demand) Repairs needed to Apt Y ( ) N ( )

Ever accepted DSS payments for this tenant in the past Yes ( ) No ( )

Specify grounds for proceeding (including dates and times of objectionable conduct, if applicable):

Blank lines for specifying grounds for proceeding.