



JAMES G. DIBBINI & ASSOCIATES, P.C.

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TRUST. COMMITMENT. INTEGRITY.

NONPAYMENT INTAKE SHEET

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

MANAGEMENT/CLIENT INFORMATION:

Date: \_\_\_\_\_

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: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ NY \_\_\_\_\_
(Street # and Street Name) (Apt./Unit #) (Floor) (City) (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 which months are due (show late fees and additional fees separately):

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_