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TRUST. COMMITMENT. INTEGRITY.

HOLDOVER INTAKE SHEET

**570 Yonkers Avenue
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:

Date: _____

Client Name: _____ Telephone #'s: Work: _____ Cell: _____

Business Address: _____ Fax: _____

Email: _____

Prefer Hearing Status and/Billing via: Email () Mail () Fax ()

LANDLORD INFORMATION:

Landlord Name: _____ Telephone #'s: Work: _____ Cell: _____

Business Address: _____ Fax: _____

Email: _____

Officer/Member Name: _____ 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 _____

Name of Registered Agent: _____ Address: _____

Multiple Dwelling Registration (MDR) # _____ (Required if premises contains 3 or more apartments)

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 () ETPA () Rent Stabilized (NYC) () If yes, type ____* Rent Control () Other _____

Section 8 (): If yes, specify type HPD () NYC () Yonkers () Mt. Vernon () West. County () Other _____

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 _____

14 Day Rent Demand Served Yes () No () If yes, when ____/____/____ (Attach copy of 14 Day Demand) Repairs needed to Apt Y () N ()

Did you serve the tenant the 5 day notice of nonpayment of rent by certified mail as required by law Yes () No () (Attach copy)

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):

(Use additional paper if necessary to itemize all the specific grounds for termination of tenancy.)