HOLDOVER INTAKE FORM
(FILL OUT FULLY)

Date

Residential ☐ Commercial ☐

Novick's Client's Name _____

(Billing address): _____   Email address:

Telephone # _____   Fax #_____

Landlord:

Name of Officer/Partner/Member   Title

Tenant(s):   Is Occupant Sabbath Observant: Yes ☐ No ☐

Name all occupants/subtenants 18 years plus

Address: Apt./Store
Alternate mailing address(es) of tenant
Occupant's Phone & Email

Commercial Description: _____

GENERAL BUILDING INFORMATION-PLEASE CHECK ALL THAT APPLY

(☐) legal single family house   ☐ legal two family   ☐ legal three family   ☐) residential dwelling 10 or less units*

(☐) residential dwelling 11 or more units   ☐) combined commercial/residential*   (☐) commercial   (☐) condo (☐) coop

(☐) Non-Profit/charitable housing building (☐) Hospital/College Dormitory (☐) Owner Occupied, and 10 unit or less

(☐) 10 unit or less units in building (but a member/shareholder of entity owns 11+ units statewide individually and through other entities)
*INDICATE NUMBER AND/OR TYPE OF UNITS: _____

If property is outside of New York City, taxes are paid to: _____

MDR _____ (premises consisting of more than 3 legal units must be registered)

_____

Name of Registered Agent: _____   Address: _____

RESIDENTIAL LEASE AND TENANCY INFORMATION-PLEASE CHECK ALL THAT APPLY

(☐) Rent Stabilized/ETPA (☐) Rent Control (☐) Apartment Given as Incident of Employment ☐ Good Cause Eviction Law

(☐) Other regulation/agreement/statute setting forth rent(s) to be charged (if so, indicate which agency(ies) and date(s) of agreement(s)):

(☐) Sec. 8-voucher based (indicate type) (☐)) Sec.8 Project based (indicate type)   (☐) Coop Proprietary Lease   (☐) Unlicensed Scatter-Site

(☐) HPD   (☐) HUD   (☐) Sublease
(☐) NYCHA   (☐) NYCHA   (☐) Month to Month Tenancy
(☐) DHCR   (☐) HPD   (☐) Licensed OMH Housing
                               (☐) DHCR   (☐) Transitional/Non-Permanent Housing

*RENT DUE THE ____ DAY OF EACH MONTH
Original Lease ☐) attached ☐ Commencement Date if not avail. ☐ ___/___/___ to ___/___

Current Lease Renewal ☐)   ( )

Monthly rent/maintenance or use & occupancy: $_____ Total Due $_____ thru _____
Grounds for Proceeding:

TENANT PRIMARY LANGUAGE:

IS AN APPLICATION FOR EMERGENCY RENTAL ASSISTANCE PROGRAM PENDING? IF YES, LIST APPLICATION NUMBER: