

CLIENT NONPAYMENT INTAKE FORM

I. BUILDING/PROPERTY INFORMATION

Completed by: _____

Date: _____

Bill to: _____

Residential

Commercial

Tel.: _____

Registered Agent: _____

Fax: _____

Registered Address: _____

Email: _____

MDR No.: _____

II. LEASE AGREEMENT INFORMATION

LANDLORD(S): _____

TENANT(S): _____

KNOWN OCCUPANT(S): _____

Property Address: _____

Floor: _____
Apartment No: _____

Oral Written

Vacancy Lease Term: _____

Current Lease Term: _____

Rent Subsidy(ies):

- NYCHA Section 8
- HPD Section 8
- DRIE
- SCRIE
- Other: _____

Rent Due Date: _____

Legal Rent Due Mthly.: _____

Pref. Rent Due Mthly: _____

Tenant Mthly Share: _____

III. APARTMENT/PROPERTY STATUS (select all that apply)

Rent Stabilized Rent-Controlled Unregulated – Specify: _____
(i.e., less than 6-units; high-rent vacancy)

IV. RENT ARREARS

Month/Yr.	Amount	Month/Yr.	Amount	Month/Yr.	Amount
_____	\$ _____	_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____	_____	\$ _____

5-day Written Late Notice Sent? Yes No

Did the Tenant/Occupant Submit an ERAP Application? Yes No (If yes, please provide ERAP information)