

EVICTION REFERRAL FORM

Person/Company who referred you to our office: _____

Landlord: _____ Phone No. _____

Address: _____

(Do not use a P.O. Box)

Tenant(s): _____

Address: _____

Are you willing to enter into payment arrangements with the tenant on the record? _____

Lease Commencement Date: _____ Written _____ Oral _____

Lease Expiration Date: _____ Date Tenant Moved In: _____

When was 3 Day Notice Given? _____ 30 Day Notice? _____

Monthly Rent: \$ _____ Late Fee: \$ _____

Subsidized Housing: _____ Yes _____ No Subsidy Portion: \$ _____

Tenant(s) Portion: \$ _____

<u>Month(s) Behind on Rent</u>	<u>Amount Due</u>	<u>Late Fee(s)</u>
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_____	\$ _____	\$ _____
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_____	\$ _____	\$ _____
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_____	\$ _____	\$ _____
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TOTAL DUE & OWING: \$ _____

BILLING INFORMATION: _____ Cash/Check _____ Credit Card

Name on Card : _____

Account No. _____ Expiration: _____

Billing ZIP Code _____ Security Code: _____

**** Note: If the tenancy has a written lease, please provide us with a copy of the lease and the 3 Day Notice to Pay or Quit.**