MIZRAHI LAW OFFICES, LLC.



	Date: Contact Person/Client:
3.	Phone Number:
4.	Full address of unit you are seeking to regain possession of including unit (if you are seeking to recover a room, please be sure to note):
5.	Names of all occupants residing at the subject unit (only list people 18 years old and older):
6.	If you do not know names of particular occupants in question 5, please list those people below visex and age (example: male, 26; female, 22):
	Was there ever a WRITTEN lease with anyone listed in question 5 or 6 above? □ YES □ NO a. Was there ever a WRITTEN lease renewal? □ YES □ NO If you answer "NO" to question 7 above − was there an ORAL rental agreement? □ YES □ NO a. What were all the terms of the agreement (when is payment due and how much, etc.):
10. 11. 12. 13. □] 14. 15. □]	What is the currently monthly rent amount: \$ a. If you do not know, indicate what you believe the fair market value is: \$ How old is the oldest occupant of the unit? □ Under 60 Years Old □ 60 Years Old or Older Is any occupant suffering from any physical or mental disability? □ YES □ NO Is any school age children reside at the subject premises? □ YES □ NO Is How long has the longest residing occupant resided at the subject premises? It was the unit □ Residential or □ Commercial Unit Is the unit □ Residential or □ Commercial Unit Is the unit □ Residential, is the unit(check all those that apply): Rent Stabilized □ Rent Controlled □ Co-op □ Condo □ Free Market □ Section 8
	. Additional information to be considered (if applicable): . Are there any known pets in the unit, if so please describe and please provide occupant's phone
19.	number (if known): . How did you find us? □ Google □Bing □Yelp □Avvo □Referral □Other
_	