

MIZRAHI LAW OFFICES, LLC.



HOLDOVER SUBMISSION FORM

1. **Date:**
2. **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 via sex and age (example: male, 26; female, 22):**
7. **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**
8. **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.):**
9. **What is the currently monthly rent amount: \$_____**
 - a. **If you do not know, indicate what you believe the fair market value is: \$_____**
10. **How old is the oldest occupant of the unit? Under 60 Years Old 60 Years Old or Older**
11. **Is any occupant suffering from any physical or mental disability? YES NO**
12. **Is the unit Residential or Commercial Unit**
13. **If residential, is the unit(check all those that apply):**
 Rent Stabilized Rent Controlled Co-op Condo Free Market
 Section 8 LINC J51 or 421(a) or 420(c) Subsidized-Other (please explain below)
14. **Breakdown of outstanding payments due to you:**
15. **Additional information to be considered (if applicable):**
16. **Are there any known pets in the unit, if so please describe and please provide occupant’s phone number (if known):**

PLEASE EMAIL OR FAX COMPLETED FORM TO INTAKE@EVICTNY.COM OR 917 595-5371, YOU WILL BE CONTACTED SHORTLY, THANK YOU FOR YOUR BUSINESS.