

# MIZRAHI LAW OFFICES, LLC.



## NONPAYMENT SUBMISSION FORM

1. **Date:**
2. **Contact Person/Client:**
3. **Phone Number:**
4. **Do you have a copy of the original lease?**  YES  NO (if yes, please be sure to email or fax)
5. **Are there any lease renewals?**  YES  NO
  - a. **If so, do you have a copy of the latest renewal?**  YES  NO (if yes, please email or fax)
6. **If you do not have a copy of the original lease or latest renewal, please list the names of all occupants residing at the subject unit (only list people 18 years old and older):**
7. **If you do not know names of particular occupants in question 6 above, please list those people below via sex and age (example: male, 26; female, 22):**
8. **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):**
9. **How old is the oldest occupant of the unit?**  Under 60 Years Old  60 Years Old or Older
10. **Is any occupant suffering from any physical or mental disability?**  YES  NO
11. **Is the unit**  Residential or  Commercial Unit
12. **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)
13. **Breakdown of rent non-payment & applicable late fees:**

Month-Year	Rent Amount	Late Fee

14. **Additional information to be considered (if applicable):**
15. **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](mailto:INTAKE@EVICTNY.COM) OR 917 595-5371, YOU WILL BE CONTACTED SHORTLY, THANK YOU FOR YOUR BUSINESS.