

MIZRAHI LAW OFFICES, LLC.

HOLDOVER
INTAKE FORM



EMAIL:INTAKE@EVICTNY.COM
FAX: 917 595-5371

1. **Date:**
2. **Contact Person/Client:**
3. **Tenant(s) and/or Occupant(s) name(s) you are seeking to evict:**
4. **What is the tenant's address (with specific apartment or unit number, if applicable):**
5. **Was there EVER a written lease with anyone listed in question 3 above?** ☐ Yes ☐ No
 - a. **Was there ever a written lease renewal?** ☐ Yes ☐ No
6. **If you answered "NO" to #5 – was there an ORAL rental agreement?** ☐ Yes ☐ No
 - a. **What was the term of the agreement (i.e. month-to-month, week-to-week, etc.)?**
7. **What is the current monthly (or weekly) rent amount?**
8. **How old is the oldest tenant or occupant (approximate, if nec.)?**
9. **Is any tenant or occupant suffering from any mental or physical disability?**
10. **Reason for case:**
 - ☐ Expired Lease ☐ Behavioral Issues ☐ Other (please explain):
11. **Is the unit** ☐ Residential or ☐ Commercial Unit (please check one).
12. **If residential, the unit is (check all those that apply):**
 - ☐ Rent Stabilized ☐ Rent Controlled ☐ Co-op ☐ Condo ☐ Free Market
 - ☐ Section 8 (☐NYCHA ☐HPD ☐Other) ☐ Subsidized-Other (please explain below)
12. **Breakdown of payments & applicable late fees due:**
13. **Additional information to be considered (if applicable):**

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