



JAMES G. DIBBINI & ASSOCIATES, P.C.

Attorneys At Law

TRUST. COMMITMENT. INTEGRITY.

HOLDOVER INTAKE SHEET

570 Yonkers Avenue
Yonkers, New York 10704
Tel: (914) 965-1011 Fax: (914) 965-0019

Please complete this form and fax or email back to our office as soon as possible.

MANAGEMENT/CLIENT INFORMATION:

Date: _____

Client Name: _____ Telephone #'s: Work: _____ Cell: _____

Business Address: _____ Fax: _____

Email: _____

Prefer Hearing Status and/Billing via: Email () Mail () Fax ()

LANDLORD INFORMATION:

Landlord Name: _____ Telephone #'s: Work: _____ Cell: _____

Business Address: _____ Fax: _____

Email: _____

Officer/Member Name: _____ Title: _____

BUILDING INFORMATION:

Legal One Family () Legal Two Family () Legal Three Family () Residential and six or more units () Coop () Condo ()

Mixed Commercial/Residential () Commercial () Other _____

Name of Registered Agent: _____ Address: _____

Multiple Dwelling Registration (MDR) # _____ (Required if premises contains 3 or more apartments)

TENANT & LEASE INFORMATION:

Tenant Name: _____ Other Occupants/Subtenants _____

Address: _____ / _____ / _____ / _____ NY _____
(Street # and Street Name) (Apt./Unit #) (Floor) (City) (Zip Code)

Residential () If yes, is apartment legal Yes () No () Commercial () If commercial describe type: _____

Additional Address for Service: _____ Rent Stabilization/DHCR #: _____

Lease Info: Month-to-Month Tenancy () ETPA () Rent Stabilized (NYC) () If yes, type ____* Rent Control () Other _____

Section 8 (): If yes, specify type HPD () NYC () Yonkers () Mt. Vernon () West. County () Other _____

Lease Dates: From ____/____/____ to ____/____/____ Current Lease Renewal: From ____/____/____ to ____/____/____
(Attach copy of Lease and Current Lease Renewal)

Monthly Rent: _____ Tenant's Portion: _____ Amount Subsidized by: Section 8: _____ DSS: _____

Total Amount Due: \$ _____ Thru ____/____/____ Rent Due on: 1st () 15th () Other _____

3 Day Rent Demand Served Yes () No () If yes, when ____/____/____ (Attach copy of 3 Day Demand) Repairs needed to Apt Y () N ()
Ever accepted DSS payments for this tenant in the past Yes () No ()

Specify grounds for proceeding (including dates and times of objectionable conduct, if applicable):

(Use additional paper if necessary to itemize all the specific grounds for termination of tenancy.)

* Rent Stabilized Apartments in NYC, please specify type:

- 1. It was subject to Rent Stabilization Law (RSL) on 6/30/74;
2. It became subject to RSL on 7/1/74. It had been subject to RSL on 6/30/71, but was destabilized prior to 7/1/74, because of a vacancy which occurred between 7/1/71 and 6/30/74;
3. It became subject to RSL on 7/1/74. It had been subject to the City Rent Law (rent control) on 6/30/71, but was decontrolled prior to 7/1/74, because of a vacancy which occurred between 7/1/71 and 6/30/74;
4. Built after 7/1/74 with J51 or 421A Tax Abatement.

Office Use: Processed by: _____ Legal Fee: _____ Payment Rec'd: _____ Date Pd: _____ Notes: _____