

BERTON N. RING LANDLORD/TENANT INTAKE-CLIENT FORM

Today's Date: _____ **Time In:** _____ **Time Out:** _____

Client Name: _____ Address: _____

Birth Date: _____ Social Security No.: _____ Marital Status: _____

Home Phone: _____ Cell Phone: _____ Qualify for Pauper's Petition: _____

Work No.: _____ Work Address: _____

Address of Unit in Question: _____ Type of Unit: _____ No. of Bedrooms: _____

Number of Units In Building: _____ Owner Occupied: _____

Name of Landlord: _____ Address of Landlord: _____

Management Name: _____ Address of Management: _____

Security Deposit/Interest/Fines: _____ Destroyed Property: _____ Utility Overcharge: _____ Conversion: _____

Illegal Lease Provision: _____ Early Lease Break: _____ Lease Extension At Same Rate: _____ Rent Reduction: _____

Eviction Defense: _____ Illegal Eviction: _____ Retaliatory Eviction: _____

Eviction Action Pending/Previous Case: _____ **Case No.:** _____

Notices Received: _____ Types of Notices Received: 5 day _____ 10 day _____ 30 day _____ How Much Rent Is Owed: _____

Late Charges Paid: _____ How Much: _____ When: _____

Other Letters Received From Landlord: _____

Harassment: _____ Type: _____ When: _____

Access By Landlord Without 48 Notice: _____ When: _____

Discrimination Issues: _____

Type of Lease: Oral: _____ Written: _____ Terms of Lease: _____ Rental Amount: _____

Security Deposit Paid: _____ How Much: _____ When Paid: _____ Receipt Received: _____

Move-In Date: _____ Move Out Date: _____ Keys Returned: _____

Last Paid Rent: _____ Amount Paid For Rent: _____

How Paid Rent: Cash: _____ Checks: _____ Personal: _____ Money Orders: _____

Interest Received on SD: _____ Amount: _____ When: _____

Who Pays Heat: _____ Heat Disclosure Received: _____ When: _____

How Much Paid For Heat: _____ How Much Paid For Electric: _____

Lead Paint Disclosure Received: _____ When: _____

Ordinance Summary Received: _____ Building Violations Received: _____

Apartment Problems: Water Pressure: _____ Heat: _____ Electrical: _____ Front & Back Doors: _____ Peep Hole: _____ Locks: _____

Leaks: _____ Screens: _____ Windows: _____ Other Problems: _____ Fair Market Value of Unit: _____

Complaints Made To Landlord: _____ Oral: _____ Written: _____ When: _____

Complaints Made to City: _____ When: _____