

MARK H. COHEN & ASSOCIATES, P.C.

ATTORNEYS AT LAW

INTAKE SHEET

CLIENT NAME: _____

DATE: _____

BILLING ADDRESS: _____

TELEPHONE: _____

FAX #: _____

RESIDENTIAL COMMERCIAL

LEASE: _____ YES _____ NO

LANDLORD: _____

TERM: _____ TO _____

TENANT(S): _____

PREMISES:

RENT CONTROL

ADDRESS: _____

RENT STABILIZED

SECTION 8 NYCHA

APT/STORE # _____ MONTHLY RENT: _____

PRIVATE HOUSE

RIDER ATTACHED _____ YES _____ NO

_____ FAMILY HOUSE

BREAKDOWN OF RENT ARREARS

COOP/CONDO ____ (T) ____ (S)

<u>MONTH</u>	<u>AMOUNT</u>

FIRST TIME LANDLORD/BUILDING PLEASE FILE IN

ADDITIONAL INFO, MDR # _____

REGISTERED MANAGING AGENT

AGENT ADDRESS:

_____ ZIP CODE: