

CLIENT INTAKE INFORMATION SHEET

Landlord/Tenant Matter

Referred by: _____

Tenant # 1

Last Name: _____ First Name: _____ Middle Initial: _____

Mobile No.: (____)____ - _____ Home No.: (____)____ - _____

Email: _____ Best method and time to contact: _____

Tenant # 2

Last Name: _____ First Name: _____ Middle Initial: _____

Subject Property: _____

Street Apt./Unit # City State/Zip

Current Address: _____

(if different) Street Apt./Unit # City State/Zip

List Names of all other occupants: _____

Do you have a written lease: Y/N Amount of Security Deposit Paid: _____

Move-In Date: ____/____/____ Move-Out Date: ____/____/____
Month / Day / Year (if any) Month / Day / Year

Number of Rooms: _____ Total Number of Units: _____ Monthly Rent: _____

Plans to Move Out: Y/N If so, what date? ____/____/____
Date

City Inspector/Housing Dept./Mold Testing Visits: Y/N If so, who & date of visit: _____

Intake Date: _____
In-office Consult Date: _____

