



The Eviction Center

New Client Intake Sheet

Please Complete Sections 1-5:

SECTION # 1 – LEGAL OWNER INFORMATION

Name(s): _____

Billing Address: _____

City, State, Zip: _____

Home #: _____ Cell #: _____

Work #: _____ Fax #: _____

Would you prefer to receive your invoices by email? YES NO

Email: _____ After Hour Contact #: _____

Point of contact other than owner: _____ Phone #: _____

PLEASE NOTE: ADDRESS ABOVE WILL ONLY BE USED FOR THE EVICTION CENTER MAILING PURPOSES

SECTION # 2 – PROPERTY DETAILS

YES NO Is your rental property in a trust?
If yes, please provide the 1st page/title page of trust: _____

Checkbox Is your rental property in a: Corp Partnership LLC Other
If checked, what name is it under? _____

YES NO Is the property operated/managed under a DBA?
If yes, DBA Name: _____

YES NO Are you the only legal owner?
If no, name of other owner(s): _____

YES NO Did you just purchase property?
Date Purchased: ____ / ____ / ____ (If yes, please provide a copy of the recorded deed)

SECTION # 3 – TENANT INFORMATION

Is Property: Residential Commercial Other

Tenant Name(s): _____

PLEASE LIST ALL PERSONS OVER THE AGE OF 18, DO NOT LIST MINORS. PLEASE NOTE IF DBA, LLC, OR CORP.

Detailed Property Address: _____ Apt/Unit #: _____

City, State, Zip: _____

APN # (if known): _____

YES NO Is residence a mobile home?

YES NO Do you own the mobile home?

YES NO Gated Community / Gate Code: _____

Any restrictions on time, guest list, etc.? _____



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YES NO Is the tenant(s) or any known occupant in the military?

YES NO If yes, are they currently deployed?

Checkbox: Is your Rental/Lease agreement:

Verbal Written Month-to-Month Lease

Date tenancy started: _____ (Put approx. month/year if exact date is unknown)

Monthly rent of _____ is due on what day of the month? _____

YES NO Have you had any rent increases or decreases?

If yes, when and how much: _____

SECTION # 4 – HAS A NOTICE BEEN SERVED

YES NO Did you serve your own notice?

If yes, please fax or email notice(s) and proof of service to our office.

NOTE: **Only fill out below if the Eviction Center will be preparing a notice for you**

SECTION # 5 – WHAT TYPE OF NOTICE DO YOU NEED PREPARED AND SERVED?

Please check which notice:

Rent to be Paid:

- 3 Day to Pay Rent
- Notice to Perform
- 30 Day Terminate of Tenancy
- 60 Day Terminate of Tenancy
- 3 Day Quit/90 Day Quit (After Foreclosure)

- In Person
- By Mail
- Deposit into Bank Account
- EFT Payment
- Other

(Will need a copy of the recorded Trustee's Deed)

Person to make payable to: _____

Address for payment: _____

Days Available: _____ TO _____ Hours Available _____ TO _____

(To accept rent)

(Example: Monday to Sunday)

(Example: 8am to 5pm)

Any additional information you can provide us to help service? _____

(Example: gates, dogs, history of violence, work hours, etc.)

Note: If the Eviction Center will be preparing your notice, additional questions may be asked to ensure we have accurate info.



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What will you accept:

- Cash
- Money Order
- Check
- Cashier's Check
- Direct Deposit/EFT

Note: For Cash and Direct Deposit/EFT you must give one other payment option.

Note: You can only go back 12 months for past due rent and late fees.

If rent is to be deposited into a bank:

Bank Account #: _____

Bank Name: _____

Bank Hours/Days: _____

Bank Address: _____

Bank City, State, Zip: _____

(Address has to be within five (5) miles from rental property)

Any Monies due other than rent:

- Late fee(s)/amount/months: _____
- Security Deposit: _____
- NSF: _____
- Utilities: _____
- Other: _____

Month/Year	Amount
Jan/_____	\$ _____
Feb/_____	\$ _____
Mar/_____	\$ _____
Apr/_____	\$ _____
May/_____	\$ _____
Jun/_____	\$ _____
Jul/_____	\$ _____
Aug/_____	\$ _____
Sept/_____	\$ _____
Oct/_____	\$ _____
Nov/_____	\$ _____
Dec/_____	\$ _____
TOTAL <u>PAST DUE RENT</u> OWED: \$ _____	

I verify by signing below that the information provided herein is true and correct, and that I do not hold The Eviction Center responsible if information used is inaccurate or grounds for eviction dismissal or other possible corrections needed. Client further agrees to be responsible for any additional fees incurred due to incorrect, inaccurate information provided.

_____/_____/_____
Date

Owner/Agent Signature

Inter-Office Checklist of Documents Received

Check off as received & applicable

- | | |
|---|--|
| <input type="checkbox"/> Rental Agreement | <input type="checkbox"/> Service Agreement |
| <input type="checkbox"/> Rent Increases | <input type="checkbox"/> Notice to Consumer |
| <input type="checkbox"/> Notices Served | <input type="checkbox"/> Notification of Payment Terms |
| <input type="checkbox"/> Proof of Service | <input type="checkbox"/> Verification Form |
| <input type="checkbox"/> Trust/Title Page | <input type="checkbox"/> Credit Card Form |
| <input type="checkbox"/> Recorded Deed | <input type="checkbox"/> Other _____ |

Address was verified by an on-line address search on: _____ A copy added to file by: _____