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TENANCY ACTION FOR DISPOSSESS (NON-PAYMENT) REQUEST FORM

Date: _____ Landlord Contact Name: _____

Landlord/Plaintiff Email Address _____

Plaintiff's Name (Name of Creditor): _____

Tenant's Name: _____

2nd Tenant's Name: _____

Property Address: _____ Apt. # _____

City/State/Zip Code: _____

Is the tenant receiving Section 8 assistance or any other subsidy (TRA/HPP)? _____ Yes _____ No

If you are submitting a request for a complaint for a subsidized tenant, you MUST send us the Notice to Quit terminating that tenant's tenancy based on the non-payment of rent. We need it for our files.
Notice Attached: _____ Yes _____ No

Is your property rent controlled? _____ Yes _____ No

If your property is not subject to rent control or the rent control ordinance authorizes additional charges, and you are asking for late, legal fees or other charges you MUST send us a copy of the lease. Lease Attached: _____ Yes _____ No

Monthly Rent: \$ _____ (If tenant is subsidized, list tenant's portion) \$ _____

Renewal Month: _____ New Monthly Rent: _____

BREAKDOWN OF CHARGES

MONTH/YEAR	RENT (IF BALANCE, STATE SO)	LATE FEE	OTHER CHARGES (PLEASE SPECIFY)	TOTAL
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

