

FORCIBLE/SPECIAL DETAINER WORKSHEET

Please complete this form and fax it to our office along with the following documents: the notice, the lease agreement (including the rent, late fees, and attorneys fees pages), and any applicable lease addenda (e.g., guarantee, pet, crime-free, concession pay back agreement, or others).

APARTMENT COMMUNITY INFORMATION

Date:	Sender Name:	Telephone Number:
Apartment Community:	Management Company:	Fax Number:

CARES ACT DISCLOSURE

Is the Community a CARES Act Property (i.e. federally backed loan) or is the tenant on any rental subsidy	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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RESIDENT INFORMATION

Resident #1:	Apartment:
Resident #2:	Street Address:
Resident #3:	City: State: AZ ZIP Code:

RENT INFORMATION

Previous Balance:	\$	
Credit:	\$	
Total Monthly Rent: (including tax, pet, garage, etc.)	\$	× mo.
Utilities:	\$	
Concession Repayment:	\$	
Other Charges/Damages:	\$	
NSF Fee:	\$	
Admin Notice Fee: (pursuant to lease contract)	\$	
RENT SUBTOTAL:	\$	

NOTICE INFORMATION

Date Notice Served:	
How Notice Served?	<input type="checkbox"/> Personal <input type="checkbox"/> Certified Mail
Who Served Notice?	

LATE FEES INFORMATION

Flat Late Fee:	\$
Daily Late Fee:	\$
Day Daily Late Fee Begins:	
LATE SUBTOTAL:	\$



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IF YOU NEED TO SUBPOENA A WITNESS FOR THIS CASE, PLEASE NOTIFY OUR OFFICE A.S.A.P.!
Other Information?