

SAN FRANCISCO TENANTS UNION INTAKE SHEET

THIS INFORMATION HELPS THE COUNSELOR UNDERSTAND THE ISSUES IN YOUR CASE.



Date: _____

Last Name: _____ First Name: _____

Address of the property (with the problem): _____ City: _____ Zip: _____

If different, address where you live: _____ City: _____ Zip: _____

Phone (H): _____ Phone (c): _____ E-Mail: _____

Basics: Current rent for the entire unit (the amount landlord gets): _____ Amount you pay: _____

Rent when you moved in: _____ Date of move in: _____ Security deposit paid: _____

Number of units/apartments in your building: _____

Your unit: 1BR 2BR 3BR 4BR Studio Room

Roomates: Do you live with roommates: Yes No

If yes: Do you pay rent to: Landlord OR Roommate. If roommate, when did roommate move in? _____

Repairs: Condition of building: Poor Fair Good Great

Has your apartment been inspected or cited by Dept. of Building Inspection? Yes No Date: _____

Landlord: _____ Address: _____

Rent Ordinance: Was your building built pre 1979? Yes No Don't Know

Is your building under rent control? Yes No Don't Know

Is your rent government subsidized? Yes No Don't Know

Do you rent a single family home or condo? Yes No Don't Know

About you: Senior (60 yrs or over) Disabled Family w/children

Low income (<\$2000/Month) Mid income (\$2001-\$4,000) Upper income (>\$4,000)

How did you hear about the TU? _____

Main Problem :

Repairs Eviction (reason: _____) Rent Increase Foreclosure

Security Deposit Roommates/Neighbors Questions about your lease

Landlord Harassment General Questions Building for Sale Buyout Offer

BRIEFLY STATE THE NATURE OF YOUR PROBLEM:
