



# ZADRIMA & ASSOCIATES

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ADMITTED IN NY, CT & U.S. DISTRICT COURT

## DISPOSSESS INFORMATION SHEET

DATE: \_\_\_\_\_

### *Petitioner's Information*

Owner's name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

Person to Verify Petition: \_\_\_\_\_

His/her Title: \_\_\_\_\_

Registered Managing Agent: \_\_\_\_\_

### *Building Information*

Building Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Multiple Dwelling: \_\_\_\_\_ MDR # \_\_\_\_\_ How many apts in property \_\_\_\_\_

### *Respondent/Tenant Information*

Tenant(s) Name: 1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

Apartment # \_\_\_\_\_ Floor # \_\_\_\_\_

Telephone # \_\_\_\_\_

Lease in effect? : \_\_\_\_\_ First Lease or Renewal: \_\_\_\_\_

Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

Date lease signed: \_\_\_\_\_

Type of Apartment: Rent Stabilized    Rent Controlled    Section 8    Other (Circle 1)

### Rent:

Monthly Rent: \$ \_\_\_\_\_

Amount in Arrears: \$ \_\_\_\_\_

Arrears for what months: \$ \_\_\_\_\_

Other charges: \$ \_\_\_\_\_

Grand Total of Arrears: \$ \_\_\_\_\_

(\*Only page 1 must be filled for the Rent Demand/3 Day Notice. The other pages must be filled out to proceed with dispossession. Please attach a breakdown of arrears.)

**EVICCTIONS QUESTIONNAIRE**

Date: \_\_\_\_\_

1) Do you wish papers for: 1)  NONPAYMENT eviction; 2)  HOLD OVER eviction OR

2) Is the premises a(n):

apartment [ a coop apartment]       house       two-family house  
 office       store       other:

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

County: \_\_\_\_\_

Description (e.g., suite or apt. #, floor #, # of rooms, area): \_\_\_\_\_

3) If an apartment:

rent controlled       rent stabilized       subject to HUD's Sec. regulations  
 neither rent controlled, rent stabilized, nor subject to HUD Sec. 8.  
 ETPA (Westchester County Properties)  
 Exempt from regulations (Fair Market) WHY? \_\_\_\_\_  
 building constructed after 1973     building has less than 6 units     coop apartment

4) Tenant Name(s): \_\_\_\_\_

names are fictitious       on public assistance (welfare)

Any other address for service: \_\_\_\_\_

there are Under-tenants (Occupants that are not Legal tenants)

Name(s): \_\_\_\_\_

names are fictitious (i.e "John Doe" and "Jane Doe" if names unknown)

Address (es): \_\_\_\_\_

Who is to verify the petition?

petitioner     officer/partner of petitioner     an agent for petitioner     an attorney-in-fact  
name: \_\_\_\_\_

5) Identify lease:

Date of lease: \_\_\_\_\_ Term (start-finish): \_\_\_\_\_

amendments or extensions - date(s): \_\_\_\_\_

name of original landlord (if not petitioner): \_\_\_\_\_

was it an oral agreement? (not written) \_\_\_\_\_

copy of lease to be attached to petition?

**If a HOLD OVER proceeding:**

lease terminated because of default

Date terminated: \_\_\_\_\_

Describe default in detail. Provide dates of occurrences and witnesses or proof:

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6) Amounts sought in petition:

\_\_\_(If HOLD OVER) tenant owes, in addition to use and occupancy, rent for period prior to termination date - amount and description:

Rent was payable on: \_\_\_first day of month OR \_\_\_other: \_\_\_\_\_

Enter total rent owed, including any late charges and other additional rent (but not interest): \$

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Describe (breakdown): \_\_\_\_\_

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**For Official use only**

8) Month in which petition will be verified: \_\_\_\_\_

9) Hearing to be at: \_\_\_9:30 A.M. \_\_\_other: \_\_\_\_\_

\_\_\_ 3 Day Notice was given orally (not in writing)

\_\_\_ lease requires 5 Day Notice, not 3

\_\_\_ notice of petition is to require tenant's answer 3 days before return date