

EVIC TAKE SHEET

3 Day

30 Day

60 Day

Foreclosure

Mobile

Credit Card Info: _____ Expiration Date: _____ Security Code: _____

Mobile Home Lender: _____

Address: _____

Mobile home Owner: _____

Manager: _____

Address: _____

City: _____ Zip: _____

Phone: _____ (Home) _____ Fax/Email: _____

Are you a member of any Apartment Association?: _____

Owner: _____

Address: _____

City: _____ Zip: _____

Phone: (Work) _____ (Home) _____ Fax: _____

Tenants: _____

Address: _____

City: _____ Zip: _____

Cross Street: _____

Monthly Rent \$ _____ Due Date: _____ Sec. Dep. \$ _____

Agreement: Oral _____ Written _____ Move-In Date: _____

Amount Due \$ _____

From: _____ To: _____

Description: Tenant 1 (Him/Her) Tenant 2 (Him/Her)

Height: _____

Weight: _____

Hair: _____

Employment: _____

Address: _____

Authorized By: _____ Date Taken: _____