

## REFERRAL FOR LEGAL ACTION

## **Clinton Housing Development Company**

Asset Manager

DATE: PROPERTY OWNER: **TENANT INFORMATION ENTITY** O SHAREHOLDER O TENANT O SUBLET SOURCE CODE CODE First MIDDLE Last Name INITIAL STREET Address ZIP CODE **APARTMENT** LEASE **S**TART EXPIRATION DATES DATE DATE **BUILDING TYPE** Rent Stabilized Non-Rent Stabilized Rent Control Co-Op Condominium REASON FOR REFERRAL Nonpayment of Rent Amount of Rent Owed X **Holdover Non-Primary Residence Holdover Licensee** Amount of Monthly Rent Tenant Portion **Holdover Nuisance** Subsidy Portion \$ COMMENTS: Prepared by: Approved by: **Building Management** Board Member Authorized by: Approved by:

> 403 40<sup>th</sup> Avenue New York, New York 10018 Phone: 212. 967. 1644 Fax: 212. 967. 1649

Asset Manager