MISSOURI OFFICE

4006 CENTRAL STREET KANSAS CITY, MISSOURI 64111 PH: (816) 931-2207 FX: (816) 931-2247 THE LAW OFFICES OF

ANDERSON & ASSOCIATES

www.mokslaw.com

KANSAS OFFICE

4800 RAINBOW BLVD., SUITE 200 WESTWOOD, KANSAS 66205 PH: (913) 262-2207 FX: (913) 262-2247

## LANDLORD COLLECTION INFORMATION FORM

(RENT & DAMAGES LAWSUIT REQUEST)

ATTENTION: Please <u>complete</u> this form to the best of your ability REGARDLESS of having sent any prior information to the Firm Return Completed Form To: collect@mokslaw.com

	vner Information			, 20							
1.	Property Owner's Full Legal Name:										
2.	Management Company's Name:										
3.	Contact Person:										
4.	Billing Address:	,	,								
	Street Address	City	State	Zip Code							
5.	Telephone No: Em	nail Address:	(a)								
	•										
<u>Fo</u>	rmer Tenant Information										
6.	Former Tenant's Name:	SSN: I	OOB:	_							
	Former Co-Tenant's Name:	SSN:	DOB:								
7.	Address of Formerly Rented Premises:	,	,	•							
_	Address of Formerly Rented Premises:  Street Address	ddress Apt #	City	State	Zip Code						
8.	Former Tenant's Current Address:  Street Address		_,	,							
Λ	Street Address		City	State	Zip Code						
9.	Former Co-Tenant's Current Address:  Stre	et Address	_,	State	Zip Code						
	nounts Owed by Tenant(s)	ct Address	City	State	Zip Code						
	. What was the monthly amount of rent? \$										
	RENT: The Tenant(s) owe:	<b>·</b>									
11.	rent for the month of	?									
	\$ rent for the month of	,									
	\$ rent for the month of rent for the month of rent for the month of	,									
	Total rent owed: \$	, 20									
12	LATE CHARGES: The Tenant(s) owe:										
12.	\$ late charges for the n	nonth of	20								
	\$ late charges for the n	nonth of	, 20								
	\$ late charges for the n	nonth of	, 20								
	Total late charges owed: \$		, 20								
12	DAMAGES AND/OR UTILITIES: (Please S	nocify)									
13.	. DAMAGES AND/OR UTILITIES: (Flease S	pecity)									
	* If you are requesting damages, please attach copies of yo	our renair receints to this Evict	ion Information For								
	Total damages owed: \$	our repair receipts to this Evice	ion imormation i oi	111.							
14	Total damages owed: \$  TOTAL AMOUNT OWED: \$	[Onestions 11 -13]									
1 1	. 1011E MIOCINI OWED. #										
Ad	Iditional Questions										
15	. Do you have a signed Lease Agreement? Yes	No □									
	If yes, please attach a copy to this Collection Inf	formation Form.									
16	. Do you have an updated Payment Ledger? Yes										
	If yes, please attach a copy to this Collection Inf										
	Your Payment Ledger MUST match the amount										
17.	. Did you conduct a walk through inspection whe	•	Yes No No								
	If yes, please attach a copy to this Collection Int										
18		Did you send a Security Deposit Accounting Letter within 30 days after move out? Yes No									
	If yes, please attach a copy to this Collection Information Form.										
19	. Have you photographed the damages? Yes \(\sigma\)										
	If yes, please attach electronic copies to this Col		n.								
20	. Have you completed the repairs? Yes \( \subseteq \text{No} \subseteq										
-	, i	<b>-</b>									

If yes, please attach copies of the receipts for repairs								
If you / your staff performed the repairs, please attack						ation For	m.	
21. If you have not completed the repairs, do you have l				No	o 🔲			
If yes, please attach electronic copies to this Collect			rm.					
22. Have you filed a police report against the Tenant? Y								
If yes, please attach a copy to this Collection Inform	паног	ı ronn.						
ATTENTION: If you answered "No" to questions 15-23 your ca						aw Offices o	of Anderson & A	ssociates will
	Ü	· ·	v	-				
Collection Information								
23. EMPLOYMENT INFORMATION: Tapant's Name:								
Tenant's Name:								
Employer's Address:  Street Address		City		, State		Zip Code		
		•		State		Zip Code		
Co-Tenant Name:								
Employer's Name:								
Employer's Address:				,	<del></del> -			
Street Address		City		State		Zip Code		
24. BANK ACCOUNT INFORMATION: Tenant's Name:								
Name of Tenant's Bank:								
Bank Address:			,					
Street Address	City		State		Zip Cod	e e		
Co-Tenant's Name:								
Name of Co-Tenant's Bank:								
Bank Address:								
Street Address	City		State		Zip Cod	<u>—</u> е		
					•			
Documents Needed  25. Do you have a Rental Application? Yes ☐ No ☐  If yes, please attach a copy to this Collection Inform  26. Do you have a copy of a Tenant's check? Yes ☐ N	natior No [	]						
If yes, please attach a copy to this Eviction Information	tion F	Form.						
TI. 10								
Final Question						1. C		4
28. If I obtain a money judgment, and the above inform information and bank account information? Yes			o you v	want n	ne to sea	arch for n	ew employme	ent
*Attention: There are additional costs involved in r	_		(un to	\$50.0	0)			
Attention. There are additional costs involved in I	umm	ng a skip trace	(up to	ψ50.0	0)			
I, the undersigned, am authorized to enter into this agree	emen	t on behalf of	the abo	ove-na	med Pro	operty. I	agree to have	the Law
Offices of Anderson & Associates litigate this matter in								
\$500.00 attorney fee, and a filing fee and service charge								
indemnify me as a property manager. I understand that				•			` '	
collected as an attorney fee for their collection services.	. I un	derstand there	will b	e addı	tional se	ervice fee	s to collect on	Judgments
for which I will be responsible.								
Signature		P	rinted	Name		_		
Please let us know how you heard about Our Company!	!							