



BANKRUPTCY INFORMATION FORM

Return Completed Form To: jamie@mokslaw.com

Owner's Information

Dated: _____, 20__

1. 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: _____ Email Address: _____ @ _____

Property Information

6. Address of Premises: _____, _____, _____
Street Address City State Zip Code

Tenant Information

7. Tenant's Name: _____ SSN: _____ DOB: _____
Co-Tenant's Name: _____ SSN: _____ DOB: _____
8. Are there unknown persons living in the Premises (John Doe/ Jane Doe)? Yes No

Amounts Owed by Tenant(s)

9. What is the monthly amount of rent / fair market rental value? \$ _____.

10. **RENT:** The Tenant(s) owe:
\$ _____ rent for the month of _____, 20__
\$ _____ rent for the month of _____, 20__
\$ _____ rent for the month of _____, 20__

Total rent owed: \$ _____

11. **LATE CHARGES:** The Tenant(s) owe:
\$ _____ late charges for the month of _____, 20__
\$ _____ late charges for the month of _____, 20__
\$ _____ late charges for the month of _____, 20__

Total late charges owed: \$ _____

12. **DAMAGES AND/OR UTILITIES:** (Please Specify) _____

Total damages owed: \$ _____

13. **TOTAL AMOUNT OWED: \$ _____** [Questions 10 -12]

Documents Needed

14. Do you have a signed Lease Agreement? Yes No
If yes, please attach a copy to this Bankruptcy Information Form.
15. Do you have an updated Payment Ledger? Yes No
If yes, please attach a copy to this Bankruptcy Information Form.
Your Payment Ledger MUST match the amounts requested above.
16. Have you received any notices regarding your tenant's bankruptcy? Yes No
If yes, please attach a copy to this Bankruptcy Information Form.
17. Have you filed a police report against the Tenant? Yes No
If yes, please attach a copy to this Bankruptcy Information Form.

MISSOURI OFFICE
4006 CENTRAL STREET
KANSAS CITY, MISSOURI 64111
PH: (816) 931-2207
FX: (816) 931-2247



ANDERSON & ASSOCIATES

www.mokslaw.com

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

Additional Information

I, the undersigned, am authorized to enter into this agreement on behalf of the above-named Property. I agree to have Anderson & Associates litigate this matter in the appropriate Missouri or Kansas court. I also agree to pay for the services and costs within 30 days of invoicing, regardless of a third party obligation to indemnify me as a property manager. I understand that I will be billed at the rate of \$250.00 per hour.

Signature

Printed Name

Please let us know how you heard about Our Company! _____