



**BANKRUPTCY INFORMATION FORM**

Return Completed Form To: [jamie@mokslaw.com](mailto: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  
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**ANDERSON & ASSOCIATES**

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WESTWOOD, KANSAS 66205  
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FX: (913) 262-2247

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**Additional Information**

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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 \$300.00 per hour.

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Signature

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Printed Name

*Please let us know how you heard about Our Company!* \_\_\_\_\_