



**TENANT INFORMATION**

Please list the full names and dates of birth for the tenants and others known to be residing at this property

| Full name (First, Middle, Last) | Date of Birth | Driver's License # | Tenant's Contact Phone # |
|---------------------------------|---------------|--------------------|--------------------------|
|                                 |               |                    |                          |
|                                 |               |                    |                          |
|                                 |               |                    |                          |
|                                 |               |                    |                          |
|                                 |               |                    |                          |

Number of children and approximate ages: \_\_\_\_\_

List types of pets known to be living at residence: \_\_\_\_\_

Do the tenants have any disabilities/mental health concerns that will require special accommodations? \_\_\_\_\_ Yes \_\_\_\_\_ No

- *If yes, please include other agencies to be contacted and caseworker's name and phone #:*

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Reason for Eviction: \_\_\_\_\_

Length of Time at Residence: \_\_\_\_\_

Have the Tenants Indicated a Willingness to Move? \_\_\_\_\_ Yes \_\_\_\_\_ No

Is the eviction based on a foreclosure? \_\_\_\_\_ Yes \_\_\_\_\_ No

**SAFETY INFORMATION**

To the best of your knowledge, do the tenants pose a threat to deputies? \_\_\_\_\_ Yes \_\_\_\_\_ No

(Drug activity, criminal activity, known to be armed, mental health concerns, history of assaults or threats, etc.) *If yes, please describe (use back if necessary):*

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