

**CONFIDENTIAL INTAKE FORM – REQUEST FOR DISPUTE RESOLUTION
A CITY OF MONTEREY PROGRAM**

Current Rent Increase Effective Date _____ Date of Notice _____

Previous rent you've paid for this unit / apartment / house (List rent amounts and dates those rents became effective; use additional pages if necessary) :

\$ _____ / mo. Date: _____ ; \$ _____ / mo. Date: _____ ; \$ _____ / mo. Date: _____ ;

\$ _____ / mo. Date: _____ ; \$ _____ / mo. Date: _____ ; \$ _____ / mo. Date: _____ ;

Do you have a lease? () yes () no Length of Lease _____
Do you want a lease? () yes () no Length of Lease _____
Are you being offered a new lease? () yes () no Length of Lease _____

What action would you like to see happen to resolve the situation?

Please describe any special circumstances, needs, which you feel should be considered: _____

WHO HAVE YOU ALREADY NOTIFIED?

Resident Manager Date _____ Verbal () Writing ()

Property Manager Date _____ Verbal () Writing ()

Property Owner Date _____ Verbal () Writing ()

Conflict Resolution and Mediation Center Date _____ Verbal () Writing ()

Other: _____ Date _____ Verbal () Writing ()

- Please attach additional pages as necessary to provide complete information to be considered.

() Check here if additional pages attached _____ Number of additional pages

In order to meet federal and state reporting requirements for the use of funds to pay for this program, please indicate your household total monthly income: \$ _____ / mo. , and indicate the total number of people in your household: _____ people. This information is for reporting requirements only. It will not be used to decide whether or not you receive program services.

Signature

Date Signed