

THE POCKET LAWYER[®]

Document Preparation Service

/// Workbook ///

✍️ “We Help You Help Yourself” ✍️

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PART “A”

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THE POCKET LAWYER®

Document Preparation Service Workbook

“Self-Help” Series

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Residential Lease Client Questionnaire

<p>INSTRUCTIONS: Answer <u>All</u> questions with an answer or a N/A. Today's date _____ If more space is needed, use the space below or attach blank pages.</p>			
INFORMATION ABOUT THE LESSOR (LANDLORD)			
1	Landlord Last Name	First Name	Middle Name
2	If Company, full Name		
3	Street address		
4	City	State	Zip
5	Mailing Address (if different) Street / PO		
6	City	State	Zip
7	Home Phone	Business Phone	
8	Name of authorized manager (if applicable)		
9	The name, address and telephone number to rent payments must be made (if different from Landlord information, above)		
10	The address and usual days and hours that rent may be paid in person (if applicable)		
INFORMATION ABOUT THE LESSEE(S) (TENANT)			
11	1 st Tenant Last Name	First Name	Middle Name
12	Street Address		
13	City	State	Zip
14	Home Phone	Business Phone	
15	2 nd Tenant Last Name	First Name	Middle Name
16	Street Address		
17	City	State	Zip
18	Home Phone	Business Phone	
19	Total number of people permitted to live in the rental unit:		
20	Total number of days a "guest" may occupy the leased premises:		

