|  |  |
| --- | --- |
| Date: | Referring Program:  |

**CM Name:**  **Telephone:**

**E-mail:**

**Tenant & Landlord Information:**

Tenant Name: Telephone:

Address:

City/State/Zip:

Client Endorsement to Mediation:

*(Willingness to work with Team)*

|  |  |
| --- | --- |
| Lease Date:Lease Amount: Tenant Rental Portion (if vouchered): Tenant Income: | Landlord/Property Manager Name: Telephone Number:Address: City/Zip: |

|  |
| --- |
| **Lease Violation(s):****Conflict Summary:** **Owner’s desired outcome:** **Perspective on Tenant:** **Tenant’s desired outcome:** **Previous Intervention(s):** |

**Documents Attached:**

**□** Lease □ Notices(s) □ Pictures (damage)

**Email to: HPP.Mediation@epath.org**