|  |  |
| --- | --- |
| 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**