

**Lackawanna County  
Eviction Prevention Program**

Date: \_\_\_\_\_

Tenant's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone # \_\_\_\_\_

Who resides with the tenant in the apartment? \_\_\_\_\_  
\_\_\_\_\_

How long has the tenant lived in this apartment? \_\_\_\_\_

Is the tenant over 60 years old? \_\_\_\_\_ Yes \_\_\_\_\_ No

Landlord Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

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

Has the tenant ever faced eviction before? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, why? \_\_\_\_\_

Other Comments:  
Concerns \_\_\_\_\_  
\_\_\_\_\_