

LEASE DOCUMENT INPUT SHEET

Quality Check & Verification Form

Generated: January 24, 2026
Claim: LACEY, EUNICE | **Claim #:** #017095711

LESSEE (TENANT) INFORMATION

| | |
|------------------|--------------------------|
| Tenant Name | LACEY, EUNICE |
| Property Address | 13601 5th Ave |
| City, State ZIP | East Cleveland, OH 44112 |
| Primary Phone | (216) 450-4913 |
| Secondary Phone | TBD |
| Primary Email | Emdlacey@gmail.com |
| Secondary Email | TBD@Gmail.com |

INSURANCE COMPANY INFORMATION

| | |
|----------------------|--------------------|
| Insurance Company | AAA Insurance |
| Claim Number | #017095711 |
| Policy Number | OHH000190052 |
| Date of Loss | April 18, 2025 |
| Cause of Loss | Water |
| Insurance Phone | TBD |
| Insurance Email | TBD@gmail.com |
| Desk Adjuster | TBD |
| Desk Adjuster Phone | — |
| Field Adjuster | VINCENT, KATHERINE |
| Field Adjuster Phone | 3306184299 |

LESSOR (LANDLORD) INFORMATION

| | |
|--------------------|---------------------|
| Landlord Full Name | Floretta Crowell |
| Landlord Address | 2479 Greenvale |
| City, State ZIP | Cleveland, OH 44121 |
| Landlord Phone | (216) 408-6035 |
| Landlord Email | FLOCROW48@AOL.COM |
| Contact Person 1 | Floretta Crowell |
| Contact Person 2 | — |
| Contact Phone | — |
| Contact Email | — |

RENTAL PROPERTY INFORMATION

| | |
|--------------------|----------------------|
| Property Address | 19048 Watercrest Dr. |
| Property City | Maple Heights |
| Property State | OH |
| Property ZIP | 44137 |
| Number of Bedrooms | 1 |

LEASE TERMS & DATES

| | |
|------------------------|-------------------------|
| Agreement Date | 16th day of August 2025 |
| Lease Start Date | January 19, 2026 |
| Lease End Date | February 19, 2026 |
| Rental Period (Months) | 6 |
| Document Type | RENEWAL |

FINANCIAL TERMS

| | |
|-------------------------|------------------------------|
| Monthly Rent | \$2,200.00 |
| Security Deposit | \$2,200.00 WAIVED |
| Inspection/Clean-up Fee | \$300.00 WAIVED |
| Rent Due Day | 11st of each month |
| Late Fee | \$50.00 |
| Late Fee Starts | Day 5 |
| Eviction Notice Day | Day 10 |
| NSF Fee | \$35.00 |
| Max Occupants | 10 |
| Parking Spaces | 2 |
| Parking Fee | \$0.00 |

REAL ESTATE COMPANY INFORMATION

| | |
|-----------------|----------------------------|
| Company Name | DREAM TEAM REALTY, INC |
| Company Address | 17419 BROADWAY AVE |
| City, State ZIP | MAPLE HEIGHTS, OH 44137 |
| Contact Person | TREVOR ARCHER |
| Company Phone | (914) 217-3339 |
| Company Email | INFO@2GETTREVOR.COM |
| Broker Name | JULIUS CARTWRIGHT |
| Broker Phone | Floretta Crowell |
| Broker Email | JULIUSCARTWRIGHT@gmail.com |

OPTIONS SELECTED

| | |
|--------------------------|--------------|
| Renewal Document | YES |
| Exclude Security Deposit | YES - WAIVED |
| Exclude Inspection Fee | YES - WAIVED |

VERIFICATION CHECKLIST

Please verify all information above is correct before finalizing documents.

- Tenant information verified
- Insurance/Claim information verified
- Landlord information verified

- Property address verified
- Lease dates verified (Agreement, Start, End)
- Financial terms verified (Rent, Deposit, Fees)
- Special notes reviewed (if applicable)

Verified By (Print Name)

Date