



CITY OF NORWALK
Fair Rent Commission

P: 203-854-7989 / F: 203-854-7767

fairrent@norwalkct.org

125 East Avenue, Room 202
PO BOX 5125
Norwalk, CT 06856-5125

TENANT COMPLAINT

CASE NO. _____

EXCESSIVE RENTAL PAYMENTS/REPAIR ISSUES

Date Filed _____

Tenant _____ E-Mail _____

Address _____
No. Street Floor Apt. City State

Zip Code _____ Telephone _____
Home Work Cell

Landlord _____ E-Mail _____

Address _____
No. Street Floor Apt. City State

Zip Code _____ Telephone _____
Home Work Cell

1. My landlord has increased, or has informed me that he plans to increase, the rental charge for the housing accommodations I presently occupy from \$_____ per _____ to \$_____ per _____ starting on _____.

 - a. Prior to the increase, did you request your landlord make repairs? Yes No If so, when, and what repairs? _____
 - b. Prior to the increase, did you file a complaint regarding the property with any city or state agency? Yes No If so, when, and what agency? _____
 - c. What reason did the landlord give you for an increase? _____

OR

2. There is no increase involved but I believe that the rental charge of \$_____ per _____ is excessive.
3. Why do you think that the rent or the rental increase is excessive? _____

4. Does the landlord make necessary repairs? Yes No Sometimes
5. If the landlord does not always make necessary repairs, or does not adequately provide required services, please describe below the repairs or services that are currently needed and any important history.

6. Are there bedbugs? Yes No
7. Are there any other pests or infestations? Yes No If so, what? _____
8. What day of the month/week is your rent due? _____
9. Is your rent paid up to date? Yes No Date rent was paid _____
10. Do you pay your rent regularly and on time? Yes No
11. Do you have a current or past written lease? Yes No If yes, what dates does the most recent lease cover? From _____ To _____
12. What date did you move in? _____ What was the rent when you moved in? \$ _____ Per _____
13. List rental increases **since** you moved in, in the boxes below:

Amount of rent increase					
Date of increase					

14. Indicate whether each of the following is included in your rental payment:

	Yes	No		Yes	No		Yes	No
1. Heat			5. Garage/Parking			9. Refrigerator		
2. Hot Water			6. Air Conditioning			10. Garbage Removal		
3. Furniture			7. Gas			11. Washer/Dryer		
4. Electricity			8. Stove			12. Other		

15. Number of rooms: Kitchen _____ Living Room _____ Dining Room _____ Bedrooms _____ Bathrooms _____
16. Total number of people (adults and children) in the household. _____
17. Total household adult income (if pleading hardship) \$ _____ per _____.
18. Is the bathroom shared with other families in the building? Yes No
19. Other comments: _____

I have read the foregoing 19 items and I affirm that the contents thereof are true to the best of my knowledge. I understand that it is my duty to respond in a timely manner with any information or assistance requested of me by the Commission and to notify the Commission of any changes in my contact information during the pendency of this complaint, and that failure to do so may result in the dismissal of this complaint.

Date _____ Signature _____
Complainant (tenant)