

**FAIR RENT COMMISSION  
CITY OF WATERBURY  
TENANT'S RENTAL COMPLAINT**

Complaint No. \_\_\_\_\_

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

I am providing the following information in support of my complaint that the rental increase charged for my apartment is excessive, harsh, and unconscionable.

**TENANT**

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

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

(City/State/Zip): \_\_\_\_\_

Apt. #: \_\_\_\_\_ Floor: \_\_\_\_\_

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

Email: \_\_\_\_\_

**LANDLORD**

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

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

(City/State/Zip): \_\_\_\_\_

Apt. #: \_\_\_\_\_ Floor: \_\_\_\_\_

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

Email: \_\_\_\_\_

TENANT'S OCCUPATION: \_\_\_\_\_

EMPLOYER'S NAME AND ADDRESS: \_\_\_\_\_

GROSS INCOME FROM EMPLOYMENT: \$ \_\_\_\_\_ Per: ☐ Week ☐ Bi-Weekly ☐ Per Month

OTHER GROSS INCOME: \$ \_\_\_\_\_ Per: ☐ Week ☐ Bi-Weekly ☐ Per Month

SOURCE(S) OF OTHER GROSS INCOME: \_\_\_\_\_

Current rent \$ \_\_\_\_\_ Per: ☐ Week ☐ Week ☐ Month

Landlord's proposed rent: \$ \_\_\_\_\_ Effective date of proposed rent increase: \_\_\_\_\_

Has your current landlord previously increased your rent? ☐ Yes ☐ No

If yes, when was your rent last increased and by what amount? \_\_\_\_\_

Do you currently have a written lease? ☐ Yes ☐ No If Yes, period of lease: From: \_\_\_\_\_ To: \_\_\_\_\_

Do you have a Section 8 Voucher or reside in a subsidized apartment? ☐ Yes ☐ No

When was the last month/year you paid rent? \_\_\_\_\_ What amount of rent did you pay? \_\_\_\_\_

Has the landlord commenced eviction proceedings? ☐ Yes ☐ No If yes, for what reason? \_\_\_\_\_

Do you pay any **additional charges** (not included in the rent) for any of the following?:

Garage: \$ \_\_\_\_\_ Surface or street parking: \$ \_\_\_\_\_ Heating/Cooling: \$ \_\_\_\_\_ Other: \$ \_\_\_\_\_

NO. OF ADULTS IN THE HOUSEHOLD: \_\_\_\_\_

NO. OF FAMILIES IN THE HOUSEHOLD: \_\_\_\_\_

NO. OF MINORS IN THE HOUSEHOLD: \_\_\_\_\_

TOTAL PERSONS IN THE HOUSEHOLD: \_\_\_\_\_

Rent includes interior space of: \_\_\_\_\_ # of basic rooms and other spaces as follows:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Kitchen                | <input type="checkbox"/> Laundry facilities                     | • Total number of sinks (inc. kitchen & bathroom): _____ |
| <input type="checkbox"/> Dining room            | <input type="checkbox"/> Storage area                           | • Total number of bedrooms: _____                        |
| <input type="checkbox"/> Living room            | • Total Number of bathrooms <u>with</u> tub or shower: _____    | • Total number of closets: _____                         |
| <input type="checkbox"/> Porch                  | • Total number of bathrooms <u>without</u> tub or shower: _____ | • Total number of toilets: _____                         |
| <input type="checkbox"/> Other (specify): _____ |   |  |

**Rent includes other spaces and services as follows:**

- |                                   |  |   |
|-----------------------------------|--|---|
| <input type="checkbox"/> Garage   | <input type="checkbox"/> Surface parking   | <input type="checkbox"/> Handyman/Custodian on Premises |
| <input type="checkbox"/> Elevator | <input type="checkbox"/> Elevator Operator | <input type="checkbox"/> Doorman                        |

**Rent also includes:**

- |                                       |                                     |  |   |
|---------------------------------------|-------------------------------------|--|---|
| <input type="checkbox"/> Refrigerator | <input type="checkbox"/> Heat       | <input type="checkbox"/> Gas               | <input type="checkbox"/> Electricity      |
| <input type="checkbox"/> Oven/stove   | <input type="checkbox"/> Hot water  | <input type="checkbox"/> Garbage/recycling | <input type="checkbox"/> Air Conditioning |
| <input type="checkbox"/> Washer/dryer | <input type="checkbox"/> Dishwasher |  |   |

**If rent includes furniture & furnishings, list all such items and condition thereof:**

---

---

**When rent was raised, what additional services or facilities were provided by landlord, if any?**

---

---

---

**When rent was raised, did you complain to the landlord or his/her agent?** ☐ Yes ☐ No

If Yes, when? \_\_\_\_\_ Explain results: \_\_\_\_\_

---

---

---

---

**Does your apartment contain any defects? (plumbing, heating, flooring, ceiling, walls, stairs, lighting, ventilation, etc.)**

☐ Yes ☐ No If Yes, please briefly describe: \_\_\_\_\_

---

---

---

---

**Have you, any other occupants, or any guests caused damage to the premise, other than that caused by ordinary wear and tear?**

☐ Yes ☐ No If Yes, please briefly describe: \_\_\_\_\_

---

---

---

---

**Has your apartment been inspected by a City of Waterbury? Yes ☐ No ☐**

**If Yes, when was your apartment last inspected and by what department?** \_\_\_\_\_

**Please include any additional information:**

---

---

---

**I hereby affirm, under the penalties provided by law, that the information I have given is true to the best of my knowledge.**

\_\_\_\_\_  
Tenant's Signature

\_\_\_\_\_  
Date

**PLEASE ATTACH A COPY OF YOUR CURRENT LEASE OR RENT AMOUNT AND PROOF OF THE NEW PROPOSED RENT AMOUNT**