



FAIR RENT COMPLAINT

CITY OF MIDDLETOWN
Fair Rent Commission

P: 860-638-4820 / F: 860-638-1920

TDD: 860-344-3521

245 deKoven Drive
Middletown, CT 06457-1300
fairrentcommission@MiddletownCT.gov

Check All That Apply:

- EXCESSIVE RENT ISSUES
REPAIR ISSUES
HEALTH CODE AND/OR SAFETY VIOLATIONS

CASE NO.:

Date Filed:

IF AVAILABLE, PLEASE ATTACH: current lease, proof of rent due, proof of new proposed rent, other evidence

Tenant(s) Name(s) E-Mail

Address

No. Street Floor Apt. Left / Right City State Zip Code

Telephone: Home Work Cell

Landlord Name E-Mail

Address

No. Street Floor Apt. Left / Right City State Zip Code

Telephone: Home Work Cell

Basis for Complaint and Related Information (review and complete all sections that apply):

- 1. My landlord increased or 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. When rent was increased, did you complain to the landlord? Yes No
If yes, when and what was the result?
c. Prior to the increase, did you file a complaint regarding the property with any city or state agency? Yes No If so, when, what agency and why?
d. Has your housing been inspected by a city official and when?
e. Do you have a Section 8 voucher or reside in subsidized housing? Yes No
f. Are you being evicted, or have you been served with a notice to quit? Yes No
If yes, for what alleged reason(s)?
g. What reason did the landlord state for an increase?
h. Is Landlord providing any new services or facilities with the rent increase? Is so, describe
2. There is no increase now but I believe 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   
 a. If the landlord does not always make necessary repairs or adequately provide required services, describe the repairs or services that are needed and any other important facts (plumbing, heating, flooring, ceiling, walls, stairs, lighting, ventilation, etc.)? \_\_\_\_\_

5. Are there health and/or safety violations? Yes  No

If yes, please describe the violations:  
 \_\_\_\_\_  
 \_\_\_\_\_

6. Are there bedbugs, other pests or infestations? Yes  No  If yes, describe: \_\_\_\_\_

7. What day of the month/week is your rent due? \_\_\_\_\_

8. Is your rent paid up to date? Yes  No  Date rent was last paid \_\_\_\_\_

9. Do you pay your rent regularly and on time? Yes  No

10. Do you have a current or past written lease? Yes  No

If yes, what dates does the most recent lease cover? From \_\_\_\_\_ To \_\_\_\_\_

11. What date did you move in? \_\_\_\_\_ What was the rent when you moved in? \$ \_\_\_\_\_ per \_\_\_\_\_

12. In the boxes below, list all rental increases since you moved in:

Date:									
Amount:									

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

	Yes	No		Yes	No		Yes	No
Heat			Garage			Refrigerator		
Hot Water			Air Conditioning			Garbage Removal		
Gas			Furniture			Washer / Dryer		
Electricity			Stove			Cable		
Disposal			Storage			Elevator		
Doorman			Custodian			Elevator Operator		
Basement			Surface Parking			Other		

14. Do you pay additional charges (not included in the base rent) for any of the above? Yes  No

If yes, please specify which and how much: \_\_\_\_\_

15. Number of rooms: Kitchen \_\_\_ Living Room \_\_\_ Dining Room \_\_\_ Bedrooms \_\_\_ Bathrooms \_\_\_

Tubs/showers \_\_\_ Toilets \_\_\_ Sinks \_\_\_ Lavatory Basins \_\_\_ Other Rooms \_\_\_ Basement \_\_\_ Porches \_\_\_

16. Total number of people (adults and children) in the household: \_\_\_\_\_

17. Total / combined household adult income (if pleading hardship) \$ \_\_\_\_\_ per month .

18. Is the bathroom shared with other families in the building? Yes  No

19. Please describe any other **relevant** facts (you may add additional pages):

**Affirmation:**

I have read all of the foregoing and affirm under the penalties of law that the information I provided is true, accurate, and complete to the best of my knowledge. I understand 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 \_\_\_\_\_ Tenant(s) Signature(s) \_\_\_\_\_

Complaints and relevant documentation (such as the lease, emails, texts, notices, photographs, videos or other evidence) offered by the complainant may be submitted in person or by mail to the Fair Rent Commission c/o Office of the General Counsel, 245 deKoven Drive, Middletown, CT 06457-1300 or by email to [fairrentcommission@MiddletownCT.gov](mailto:fairrentcommission@MiddletownCT.gov) and [pkent@bswlaw.com](mailto:pkent@bswlaw.com).