

Town of Wallingford  
Fair Rent Commission  
Complaint Form

<b>Tenant Name:</b>		
<b>Street Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>Email Address:</b>		<b>Telephone Number:</b>

<b>Landlord Name:</b>		
<b>Street Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>Email Address:</b>		<b>Telephone Number:</b>

<b>State the reason(s) for filing this complaint:</b>	<input type="checkbox"/> Rent increase
	<input type="checkbox"/> Rental unit conditions
	<input type="checkbox"/> Change in terms/conditions

1. How long have you lived at this address?
2. Do you have a written lease? If yes, provide a copy of lease.
3. If you have a written lease, when does it end?
4. Are your rent payments up to date?
5. If not, when was your last payment? Why are you not current in your rent payments?
6. How much is the rent?
7. What is the proposed increase?
8. When will the proposed rent increase start?
9. Before this increase, when was the last time your landlord increased the rent?
10. How much was that increase?
11. Do you pay any additional charges to the landlord (not included in the rent)? If yes, please state the nature and amount of the charges.
<p>12. Check box if you live in a building/complex (including mobile home park) with at least five dwelling units and are:</p> <p style="margin-left: 40px;">a. 62 years old or older (or have a spouse or other relative that age in household) or</p> <p style="margin-left: 40px;">b. are permanently disabled (or have a spouse or other relative with disability in household)</p> <p><input type="checkbox"/> Yes</p>

**Description of Rental Unit**

State the type of residential unit (single-family house, apartment complex, multi-family, etc.):

\_\_\_\_\_

Number of bedrooms: \_\_\_\_\_

Number of bathrooms: \_\_\_\_\_

Total Number of Rooms: \_\_\_\_\_

Total square feet (if known): \_\_\_\_\_

Number of Adults in household: \_\_\_\_\_

Number of Children in household: \_\_\_\_\_

List any pets in household: \_\_\_\_\_

Check all of the following that are included in your rent payment:

- |                       |                          |                  |                        |
|-----------------------|--------------------------|------------------|------------------------|
| _____ Heat            | _____ Hot Water          | _____ Gas        | _____ Electricity      |
| _____ Garbage Removal | _____ Basement           | _____ Garage     | _____ Air Conditioning |
| _____ Cable           | _____ Refrigerator       | _____ Dishwasher | _____ Stove            |
| _____ Washer/Dryer    | _____ Off-street Parking | _____ Pool       | _____ Gym              |
| _____ Snow Removal    | _____ Lawn care          | _____ Attic      | _____ Elevator         |
| _____ Storage Area    | _____ Other: _____       |                  |                        |

**Condition of Rental Unit:**

1. Have you requested repairs that the landlord has refused to complete or complained about conditions you consider unsafe? If yes, please explain.

2. Have you complained to any Town departments regarding the conditioning of the unit? If yes, state when the complaint was made; what department you complained to; what the outcome of the complaint was or whether it is still pending.

3. Were the conditions referred to above existing at the time you rented the unit? If not, state when they first occurred and when you complained to the Landlord.

In the space below, please explain why you believe the increase in rent is excessive and/or why your landlord's response to your property maintenance, health or other concern is inadequate.

I affirm under penalty of false statement that the information I have provided is true to the best of my knowledge and belief.

\_\_\_\_\_  
**Signature of Tenant**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed Name**

I agree to receive any notices, including notices of hearings, and communications from Town staff, electronically to my email address.

Yes \_\_\_\_\_ No \_\_\_\_\_

#### NOTICE TO TENANT

The Commission encourages you and your landlord to communicate with each other in order to resolve the complaint. If both parties agree, Town staff will meet with both of you to assist in coming to an agreement. If not, a hearing will be scheduled by the Commission.

Please note: All information regarding this complaint and the Commission's work is public information under the Connecticut Freedom of Information Act. All hearings are held at a public meeting.