

# RENT COMPLAINT

## CITY OF SUMMIT – RENT COMMISSION

### Instructions:

1. Complete one copy of this form and return it to the City Clerk's Office, City Hall, 512 Springfield Avenue, Summit, NJ 07901.
2. A copy of your original form will be returned to you, and a copy will be sent via certified mail and regular mail to the party from whom you request relief.
3. Complaints will ordinarily be scheduled for hearing at the next monthly meeting of the Rent Commission, unless deferred for the convenience of the parties.
4. Bring to your hearing your current lease and any recent correspondence, photographs or other material that may have a bearing on your complaint.
5. For additional information, please call the City Clerk's Office at (908) 273-6400.

1. Date filed:	
2. Tenant Name:	
Address:	
Current address if different than above:	
Phone No. (Home):	(Work/Day):
3. Landlord Name:	
Address:	
Phone No/s:	
4. PROPERTY INFORMATION:	
a. Is your dwelling in a: one/two family house _____ three or more _____ rooming house _____ condo/co-op _____	
b. Does the owner live in the Building/Complex? Yes _____ No _____	
c. Number of rental units in the building (counting your dwelling) _____	
d. Number of rooms in your dwelling (not counting bathrooms) _____	
e. Number of bedrooms in your dwelling _____	
f. Number of bathrooms (with shower or tub) _____	
g. Number of bathrooms (no shower or tub) _____	
h. Number of occupants in your dwelling _____	
- OVER -	

5. RENTAL INFORMATION:

- a. Do you have a current lease? Yes\_\_\_ No \_\_\_ When does it expire? \_\_\_\_\_
- b. When did you first move in to the dwelling? \_\_\_\_\_
- c. What is your current rent? \$\_\_\_\_\_
- d. If a rental increase is requested, what is the amount? \$\_\_\_\_\_
- e. What was your rent last year? \$\_\_\_\_\_
- f. What was your rent the year before last? \$\_\_\_\_\_
- g. Are you charged for other space rental (garage, storage, etc.) or service? Yes\_\_\_ No\_\_\_ If yes, what are you charged? \$\_\_\_\_\_, and what space/s or service/s do you receive? \_\_\_\_\_

6. Check the utilities that you pay? Heat\_\_\_ Hot Water \_\_\_ Cold Water \_\_\_ Gas\_\_\_ Oil \_\_\_ Electricity \_\_\_ Utility \_\_\_ Maintenance\_\_\_ (cost \$\_\_\_\_\_)

7. List improvements made to your dwelling in the last 2 years:

8. Reason/s for your complaint/Are there any maintenance problems?

9. Have you discussed your complaint/s with the other party involved?

10. Have you discussed your complaint/s with any municipal officials?

11. List relief requested:

\_\_\_\_\_ Tenant\_\_\_ Landlord \_\_\_ Other \_\_\_  
Signature of Person Filing Complaint