

**TOWN OF BLOOMFIELD – FAIR RENT COMMISSION  
TENANT COMPLAINT FORM**



**Date Filed:** \_\_\_\_\_

**Tenant Name(s):** \_\_\_\_\_

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

**Telephone:** (    ) \_\_\_\_\_ **or** (    ) \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

**Landlord Name:** \_\_\_\_\_

**Property Manager/Contact:** \_\_\_\_\_

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

**Telephone:** (    ) \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**DESCRIPTION OF RESIDENTIAL UNIT**

Specify type of residential unit (e.g., house, studio, apartment complex, etc.) \_\_\_\_\_

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

Number of bathrooms \_\_\_\_\_ (shared or unshared)

Number of total rooms \_\_\_\_\_

Indicated all of the following that is included in your rent payment:

\_\_\_\_\_ Attic and/or Cellar Storage

\_\_\_\_\_ Hot water

\_\_\_\_\_ Electricity

\_\_\_\_\_ Heat

\_\_\_\_\_ Stove

\_\_\_\_\_ Air Conditioning

\_\_\_\_\_ Cable

\_\_\_\_\_ Dryer

\_\_\_\_\_ Garbage Disposal

\_\_\_\_\_ Refrigerator

\_\_\_\_\_ Snow removal

\_\_\_\_\_ Washing Machine

\_\_\_\_\_ Dishwasher

\_\_\_\_\_ Pool

\_\_\_\_\_ Security System/Guard

\_\_\_\_\_ Lawn maintenance

\_\_\_\_\_ Garage

\_\_\_\_\_ Gym/Fitness Room

\_\_\_\_\_ Tennis Court

\_\_\_\_\_ Off Street Parking

\_\_\_\_\_ Other (please specify below)

Is the unit furnished? \_\_\_\_ Yes \_\_\_\_ No

If "Yes," please indicate below the type of furnishings.

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### **RENTAL CONDITIONS**

- **Does your property contain defects** (i.e. problems with plumbing, heating, flooring, ceiling, stairs, lighting, ventilation, etc)? \_\_\_\_ Yes \_\_\_\_ No

If "Yes," please explain:

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If "Yes," have you made a complaint/notified the Bloomfield Building Department? \_\_\_\_ Yes \_\_\_\_ No

*If "Yes," please attach copies of your correspondence with the Building Department to this complaint.*

- **Are the conditions of the property/unit sanitary/clean?** \_\_\_\_ Yes \_\_\_\_ No

If "No," please explain:

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If "No," have you reported these conditions to the West Hartford-Bloomfield Health District?  
\_\_\_\_ Yes \_\_\_\_ No

*If "Yes," please attach copies of your correspondence with the Health District to this complaint.*

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### **RENTAL TERMS**

- Do you have a written agreement or lease with your landlord? \_\_\_\_ Yes \_\_\_\_ No

If "Yes," please specify term \_\_\_\_ Weekly \_\_\_\_ Monthly \_\_\_\_ Yearly \_\_\_\_ Other \_\_\_\_

*If "Yes," please provide a copy of the lease with this complaint*

- Have you signed a new lease agreement? \_\_\_\_ Yes \_\_\_\_ No

*If "Yes," please provide a copy of the lease/updated lease with this complaint*

*If "No," please provide a copy of the current/past lease with this complaint*

- Have you consulted with an Attorney about this complaint? \_\_\_\_ Yes \_\_\_\_ No

If "Yes," please provide:

Attorney Name/Organization: \_\_\_\_\_

Phone No. \_\_\_\_\_ E-Mail: \_\_\_\_\_

- How long have you resided at this unit? \_\_\_\_\_
- How many people currently occupy this unit, including yourself? \_\_\_\_\_
- Are you up-to-date with your rent payment? \_\_\_\_ Yes \_\_\_\_ No

If "No," please explain:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### **HOUSEHOLD INCOME (Optional)**

Please complete the following question for yourself and for any other income-accruing resident of your unit. The income of the tenant and other occupants of the property is a factor that the Commission considers in deciding whether to reset the rent. *The Commission understands that this information is personal and sensitive, and will handle this information with care and consideration.*

#### **Income #1:**

Gross Amount: \$ \_\_\_\_\_

Source of Income (Examples: Job, State Assistance, Etc): \_\_\_\_\_

Frequency of Paycheck/Income (Weekly, Bi-weekly, Monthly): \_\_\_\_\_

#### **Income #2:**

Gross Amount: \$ \_\_\_\_\_

Source of Income (Examples: Job, State Assistance, Etc): \_\_\_\_\_

Frequency of Paycheck/Income (Weekly, Bi-weekly, Monthly): \_\_\_\_\_

#### **Income #3:**

Gross Amount: \$ \_\_\_\_\_

Source of Income (Examples: Job, State Assistance, Etc): \_\_\_\_\_

Frequency of Paycheck/Income (Weekly, Bi-weekly, Monthly): \_\_\_\_\_

**Do you have a Section 8 Voucher?** \_\_\_\_ Yes \_\_\_\_ No

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### **COMPLAINT**

Please state the reason for filing this complaint. \_\_\_\_\_ Rent Increase – Please complete Sections I and III  
\_\_\_\_\_ Rental Unit Conditions – Please complete Sections II and III  
\_\_\_\_\_ Other – Please complete Section III

(Based upon your response to the above question, please complete all applicable sections)

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#### **Section I: Rent Increase**

What was your rent prior to filing complaint \$ \_\_\_\_\_

What is the rental increase amount? \$ \_\_\_\_\_

What is the effective date of increase? \_\_\_\_\_

How much was your last rent increase? (From) \$ \_\_\_\_\_ (To) \$ \_\_\_\_\_

When did this increase take effect? \_\_\_\_\_

Have you discussed the increase in rent with your landlord? \_\_\_\_\_ Yes \_\_\_\_\_ No

If "Yes," when? \_\_\_\_\_ (date)

\_\_\_\_\_ Written Complaint or \_\_\_\_\_ Oral Complaint

What was your landlord's response?

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#### **Section II – Rental Unit Conditions**

1. Do you believe your landlord has maintained the rental unit in accordance with the agreement/lease that was signed? \_\_\_\_\_ Yes \_\_\_\_\_ No

2. Are there conditions within the unit that you consider unhealthy or unsafe? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If "Yes," please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Have you brought any of these matters to your landlord's attention? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If "Yes," when? \_\_\_\_\_ (date)

\_\_\_\_\_ Written complaint or \_\_\_\_\_ Oral Complaint

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### Section III

**The Fair Rent Commission will consider the following factors when considering whether or not to reset the rent in question:**

1. **Similar rents** for the same or similar accommodations;
2. The **sanitary conditions**;
3. The **number of bathtubs, showers, kitchen and bathroom sinks**;
4. The **amenities**, including furniture, furnishings, appliances, services etc.;
5. The **size and number of bedrooms**;
6. **Repairs necessary to make such accommodations reasonably livable**;
7. **Taxes and overhead expenses**, including debt service, thereof;
8. Whether the conditions of the accommodations are in **compliance with the health and safety ordinances** of Bloomfield and the state of Connecticut;
9. The **income of the tenant** and the availability of accommodations;
10. The availability of **utilities**;
11. **Damages done to the premises by the tenant**, caused by other than ordinary wear and tear;
12. The **amount and frequency of increases in rent and/or rental charges**;
13. Whether/the extent to which the income from an increase in rental charges **has been or will be reinvested in improvements to the accommodations**.

In the space provided below, explain why you believe the increase in rent described in Section I is excessive; why your landlord's response to your property maintenance, health and/or concerns described in Section II is inadequate; or what other complaint you wish to make that is within the Fair Rent Commission's jurisdiction. Please remember, if relevant, to discuss the 13 factors listed above.

[illegible]

### **NOTICE TO COMPLAINANT**

A copy of this complaint will be returned to you for your records. A copy of this complaint may be forwarded to your landlord for his/her response.

**To aid the Commission in handling your complaint in a timely manner, please send the following documentation to the Commission's Recording Secretary, Lynn Weisel, via email at [lweisel@bloomfieldct.gov](mailto:lweisel@bloomfieldct.gov) or bring it in-person to the Town of Bloomfield's Operations & Communications Office (800 Bloomfield Avenue, Bloomfield, CT 06002) during business hours (Mon, Wed, Thurs, 8:30AM-5PM; Tue, 8:30AM-6PM; Fri, 8:30AM-12:30PM).**

- *If your complaint involves a dispute regarding rental cost:*
  - Current Lease
  - Previous Lease
- *If your complaint involves a dispute regarding rental conditions:*
  - Documentation (if any) of communication with landlord/property manager regarding your complaint. This could include copies of work orders, email communication, etc.
  - Health District and/or Building Department complaints or reports (if applicable)

If you are unsure which documents to include with your complaint, please contact the Commission's Recording Secretary, Lynn Weisel, via email at [lweisel@bloomfieldct.gov](mailto:lweisel@bloomfieldct.gov) or call (860) 769-3599.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_ I will require special accommodations at meetings and public hearing.

Please explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PLEASE MAIL OR BRING YOUR COMPLETED APPLICATION TO:

TOWN OF BLOOMFIELD  
FAIR RENT COMMISSION, c/o OPERATIONS & COMMUNICATIONS OFFICE  
Attn: Lynn Weisel  
800 BLOOMFIELD AVENUE, BLOOMFIELD, CT 06002

If you have any questions, please contact the Fair Rent Commission Recording Secretary at [lweisel@bloomfieldct.gov](mailto:lweisel@bloomfieldct.gov) or at (860) 769-3599.