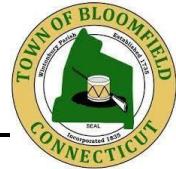


**TOWN OF BLOOMFIELD – FAIR RENT COMMISSION
TENANT COMPLAINT FORM**



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:

<input type="checkbox"/> Attic and/or Cellar Storage	<input type="checkbox"/> Hot water	<input type="checkbox"/> Electricity
<input type="checkbox"/> Heat	<input type="checkbox"/> Stove	<input type="checkbox"/> Air Conditioning
<input type="checkbox"/> Cable	<input type="checkbox"/> Dryer	<input type="checkbox"/> Garbage Disposal
<input type="checkbox"/> Refrigerator	<input type="checkbox"/> Snow removal	<input type="checkbox"/> Washing Machine
<input type="checkbox"/> Dishwasher	<input type="checkbox"/> Pool	<input type="checkbox"/> Security System/Guard
<input type="checkbox"/> Lawn maintenance	<input type="checkbox"/> Garage	<input type="checkbox"/> Gym/Fitness Room
<input type="checkbox"/> Tennis Court	<input type="checkbox"/> Off Street Parking	<input type="checkbox"/> Other (please specify below)

Is the unit furnished? _____ Yes _____ No

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

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:

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:

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.

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

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)

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?

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

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.

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 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 or call (860) 769-3599.

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 or at (860) 769-3599.