



TOWN OF NAUGATUCK
FAIR RENT COMMISSION
229 CHURCH STREET
NAUGATUCK, CT 06770

Office Use:

Date Received:

Case #:

TENANT INFORMATION

Last Name _____ First Name _____ MI _____

Email Address: _____

Street Address: _____ Apt. _____ Naugatuck, Ct 06770

Phone Number (DAY): _____ Phone Number (EVENING): _____

Occupation: _____ Family Earned Income _____ Month/Year

LANDLORD INFORMATION

Last Name _____ First Name _____ MI _____

Email Address: _____

Street Address: _____ Apt. _____ State _____ Zip Code _____

Phone Number (DAY): _____ Phone Number (EVENING): _____

DESCRIPTION OF RESIDENTIAL UNIT

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

Number of Bedrooms _____ Number of Bathrooms _____

Number of total rooms _____ Total Square Feet _____

of Adults in Household _____ # of Children in Household _____

Are there pets in the household? Yes No

If Yes, please explain: _____

Please indicate all of the following items that are included in your rent payment:

- | | | |
|--|--|--|
| <input type="checkbox"/> Heat | <input type="checkbox"/> Hot water | <input type="checkbox"/> Electricity |
| <input type="checkbox"/> Cable | <input type="checkbox"/> Air Conditioning | <input type="checkbox"/> Attics and/or Cellar |
| <input type="checkbox"/> Stove / Oven | <input type="checkbox"/> Dryer | <input type="checkbox"/> Storage Patio / Balcony |
| <input type="checkbox"/> Refrigerator | <input type="checkbox"/> Washing Machine | <input type="checkbox"/> Snow Removal |
| <input type="checkbox"/> Microwave | <input type="checkbox"/> Garbage Disposal | <input type="checkbox"/> Pool |
| <input type="checkbox"/> Dishwasher | <input type="checkbox"/> Lawn Maintenance | <input type="checkbox"/> Tennis Court |
| <input type="checkbox"/> Garage/ Covered Parking | <input type="checkbox"/> Security System/Guard | <input type="checkbox"/> Gym/Fitness Facility |
| <input type="checkbox"/> Off Street Parking | | |

Other (please specify):

Did the Landlord provide a furnished unit? Yes No

If Yes, indicate below type of furnishing:

RENTAL TERMS

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

If yes, specify the term (select one): Weekly Monthly Yearly Other:

Dates on lease: FROM: _____ TO: _____

If yes, provide a copy of the lease with this complaint.

How long have you resided at this unit? _____

What repairs or renovations, if any, have you made to this since you have resided there?

When were they made and what did they cost you?

If Yes, bring proof of the cost of the repairs or renovations to the hearing.

Are you up-to-date with your rent payment? Yes No

If No, explain:

NATURE OF COMPLAINT

Please state the reason for filing this complaint: ☐ Rent Increase ☐ Rental Unit Conditions

What was your rent prior to filing complaint? \$ _____

What is the rental increase amount? \$ _____

What is the effective date of increase? [From] _____ [To] _____

How many days, weeks, months' notification were you given of this rental increase?

How much was your last rent increase? \$ _____

When did this increase take effect? _____

Were any additional services provided when your rent was increased? Yes No

 If Yes, explain: _____

Have you discussed your concern about the increase in rent with your landlord?

 If Yes, when? _____ Select one: Written complaint Oral complaint

 What was your landlord's response?

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

Are there conditions within the unit that you consider unhealthy or unsafe? Yes No

 If Yes, explain:

Does your apartment contain any defects or need repair? Yes No

 If Yes, explain:

Have you brought the above concerns, defects, or repairs to the landlord's attention? Yes No

 If Yes, when? _____ Check one: Written complaint Oral complaint

 If Yes, explain:

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

Additional information you wish to share with the Commission:

NOTICE TO COMPLAINANT

A hearing on the complaint shall be scheduled no later than thirty (30) days after the filing of the complaint. However, the Commission will first encourage or require the parties to mediate, in an attempt to reach a mutually satisfactory resolution.

A copy of this complaint will be returned to you for your records and a copy will be forwarded to your landlord for his/her response. Any information regarding this case is public knowledge and Commission meetings are open to the public. The Town of Naugatuck must comply with the Freedom of Information Act.

I hereby affirm under the penalty provided by law that the information I have given is true.

Tenant's Signature

(Type your full name if using an electronic signature)

Date

Tenant's Printed Name

Landlords, Please Note: The Naugatuck Fair Rent Commission has received this complaint regarding a rental increase that your tenant has deemed excessive. This complaint may also include possible defects within the renter's home. Please be advised that the Commission is concerned about this matter and hopes that you can reach a satisfactory resolution with your renter. We are, therefore, requesting that you contact the renter and attempt to resolve this issue within the next fifteen (15) business days. If this matter has not been mutually resolved within this time period, the Commission will further evaluate the case and schedule a formal hearing. We thank you for your immediate consideration and cooperation in this matter.

Naugatuck Fair Rent Commission

Complaint Received By

Date

Time