



FAIR RENT COMMISSION

CASE No. _____

CITY OF HARTFORD
260 CONSTITUTION PLAZA – PLAZA LEVEL
HARTFORD, CT 06103

TENANT'S REQUEST FOR ASSISTANCE

I am providing the following information in support of my complaint that the rental increase charged for my apartment is excessive, harsh, and unconscionable.

TENANT
Name:
Address:
Apt. #: Floor: Left Right
Zip Code:
Phone:
Email:

LANDLORD
Name:
Address:
City/State/Zip:
Phone:
Email:

Current rent: \$ Per: Day Week Month Move in date:
Landlord's proposed rent: \$ Per: Day Week Month Effective date:
Date of last increase: Increase Amount: \$
Do you currently have a written lease? Yes No If Yes, period of lease: From: To:
Do you have pet(s)? Are pets allowed?
Do you have a Section 8 Voucher? Yes No Do you reside in a subsidized apartment? Yes No
How long have you been a Resident of Hartford?
When was the last month/year you paid rent?
Are you being evicted? Yes No If Yes, for what reason:

HOUSEHOLD COMPOSITION

No. of Adults in the household: No. of Adults in school? No. of Adults receiving income:
No. of Minors in the household: Total # of persons in the household: No. of Families in the household:

Table with columns for NUMBER OF CHILDREN (1st-10th) and rows for Age of Each Child and Sex of Each Child.

TYPE OF STRUCTURE: Brick Wood Stucco Other:
Exclusive Kitchen Living Room No. Bedrooms
Shared Kitchen Comb. LR/DR No. Closets
Pantry Den Basement Storage
Dining Exclusive Bathroom Front Porch Enclosed
Comb. Kitchen/Dining Shared Bathroom Rear Porch Enclosed

TOTAL # OF BASIC ROOMS INCLUDED IN THE RENT? _____

RENT INCLUDES OTHER SPACES AND SERVICES AS FOLLOWS:

Garage Surface Parking Custodian on Premises Laundry Room
Elevator Elevator Operator Doorman Air Conditioning

UTILITIES/AMENITIES:

Included in the rent: Heat Cooking Electricity Hot Water Water Range Refrigerator Disposal
Tenant is responsible for the following: Heat(type): Hot Water(type): Cooking(type):

Do you pay **additional charges** (not included in the rent) for the following?

Garage: \$ _____ Surface Parking: \$ _____ Air Conditioning: \$ _____ Pets: \$ _____ Other: _____ \$ _____

If rent includes furniture & furnishings, list all such items and condition thereof:

When rent was raised, what additional services or facilities were provided by landlord?

When rent was raised, did you complain to the landlord or the agent? Yes No

If Yes, when? _____ Explain results: _____

Does your apartment contain defects? (plumbing, heating, flooring, ceiling, walls, stairs, lighting, ventilation, etc.)

Yes No If Yes, please briefly describe: _____

Has a City of Hartford Housing Code Inspector inspected your unit? Yes No If yes, when: _____

Additional information: _____

HOUSEHOLD INCOME:

Income #1. Source of Gross Income: _____

Gross Amount: \$ _____ Frequency: Weekly Bi-weekly Monthly

Income #2. Source of Gross Income: _____

Gross Amount: \$ _____ Frequency: Weekly Bi-weekly Monthly

Income #3. Source of Gross Income: _____

Gross Amount: \$ _____ Frequency: Weekly Bi-weekly Monthly

Income #4. Source of Gross Income: _____

Gross Amount: \$ _____ Frequency: Weekly Bi-weekly Monthly

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

Tenants Signature

Date

Request Received By & Agency Name

Date

PLEASE ATTACH A COPY OF THE CURRENT LEASE, LAST RENT RECEIPT, AND PROOF OF THE NEW PROPOSED RENT AMOUNT