

**FAIR RENT COMMISSION**

CASE No. _____

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

TENANT'S REQUEST FOR ASSISTANCE**The reason for this complaint is that:**

- ☐ **The landlord is demanding a rent increase I believe is harsh and unconscionable.**
☐ **The landlord wants to charge for utilities or services that were included in the rent or shared by all tenants.**
☐ **I believe the current rent is unfair because my unit is unsafe, unhealthy and violates housing codes.**

I am providing the following information in support of my complaint.

TENANT	LANDLORD
Name: _____	Name: _____
Address: _____	Address: _____
Apt. #: _____ Floor: _____ <input type="checkbox"/> Left <input type="checkbox"/> Right	Address: _____
Zip Code: _____	City/State/Zip: _____
Phone#: _____	Phone#: _____
Email: _____	Email: _____

Current rent: \$ _____ Per: ☐ Day ☐ Week ☐ Month Move in date: _____Landlord's proposed rent: \$ _____ Per: ☐ Day ☐ Week ☐ Month Effective date: _____

Date of the previous increase: _____ Previous 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

When was the last month/year you paid rent? _____

Are you currently being evicted? ☐ Yes ☐ No If Yes, for what reason: _____**APARTMENT LAYOUT:**

- | | | |
|--|---|--|
| <input type="checkbox"/> Exclusive Kitchen | <input type="checkbox"/> Living Room | _____ No. of Bedrooms |
| <input type="checkbox"/> Shared Kitchen | <input type="checkbox"/> LR/DR Combined | _____ No. of Closets |
| <input type="checkbox"/> Pantry | <input type="checkbox"/> Den | <input type="checkbox"/> Basement Storage Area/Room |
| <input type="checkbox"/> Kitchen/Dining Combined | <input type="checkbox"/> Exclusive Bathroom | <input type="checkbox"/> Front Porch <input type="checkbox"/> Enclosed |
| <input type="checkbox"/> Dining Room | <input type="checkbox"/> Shared Bathroom | <input type="checkbox"/> Rear Porch <input type="checkbox"/> Enclosed |

Total # of basic rooms included in the rent? _____

UTILITIES/AMENITIES**INCLUDED IN THE RENT:** Check off all utilities and services that are included in the rent:

- ☐ Heat ☐ Hot Water ☐ Cooking ☐ Electricity for the entire apartment ☐ Water ☐ Stove ☐ Refrigerator

NOT INCLUDED IN THE RENT: If you pay for these utilities, enter the source type (e.g., natural gas, electric, oil, or bottle gas)

- ☐ Heat(type): _____ ☐ Hot Water(type): _____ ☐ Cooking(type): _____ ☐ Electricity for the unit

OTHER SERVICES:

- ☐ Laundry Room: Washer/Dryer: **(check one)** landlord owned/free to tenant ☐ **or** tenant owned ☐ **or** tenant pays onsite ☐
☐ Garage ☐ Surface Parking ☐ Only Street Parking ☐ Custodian on Premises ☐ Furniture
☐ Elevator ☐ Elevator Operator ☐ Doorman ☐ Air Conditioning

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

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

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

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

Explain results: _____

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

☐ Yes ☐ No If Yes, please briefly describe: _____

Have you discussed these defects in your apartment with the landlord? ☐ Yes ☐ No

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

Do you want a City of Hartford Housing Code Inspector to inspect your unit? ☐ Yes ☐ No If no, why not _____

Additional information: _____

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: _____

List the ages and sex of the children that reside in the apartment

Age of each child										
Sex of each child										

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 the law, that the information I have given is true to the best of my knowledge.

Tenants Signature

Date

Received By

Date

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