



RENT LEVELING DIVISION – TENANT COMPLAINT/INTAKE FORM

Tenant Name: _____ Email: _____

Address: _____ Apt.#: _____ Number of Bedrooms: _____

Telephone #: _____ Work #: _____ Cell #: _____

Date you moved into your apartment: _____ Expiration date of your lease: _____ What is your monthly Rent: _____

Is your rent paid up-to-date? _____ Does the owner have a C of H for your apartment? Yes No

Type of Dwelling: Apartment building: _____ Number of Units: _____ 2 Family House: _____ 3 Family House: _____ Other: _____

Name of Landlord/Owner: _____ Address: _____

Telephone Number: _____

Does the Landlord/Owner live in the building: Yes No

Diminution of Essential Service: _____

Date of Diminution of Essential Service: _____ Date Landlord/Owner Was Notified: _____ Date Condition Was Abated: _____

Basis for Complaint: _____

218-6A: Whenever Essential Services decline in common areas and dwelling units which substantially affects the habitability of premise, the tenant may file a complaint with the Rent Leveling Officer requesting a decrease in rent.

ADMINISTRATIVE USE: _____

NOTE: No complaints will be considered without (1) your last two Rent Receipts, (2) a copy of Written Notice to Landlord advising landlord of your complaint, (3) a copy of your Property Maintenance complaint if applicable.

SIGNATURE: _____ DATE: _____