



TRUMBULL FAIR RENT COMMISSION

SOCIAL SERVICES

23 PRISCILLA PLACE, TRUMBULL, CT 06611
(203) 452-5198 socialservices@trumbull-ct.gov

TENANT'S REQUEST FOR ASSISTANCE

CASE NO. _____

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

DATE RECEIVED: _____

TENANT	
Name:	
Address:	
Apt. #:	Floor:
Phone:	
Email:	

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

TENANT'S OCCUPATION: _____

EMPLOYER'S NAME AND ADDRESS: _____

GROSS INCOME FROM EMPLOYMENT: \$ _____ Week Bi-Weekly Per Month

OTHER GROSS INCOME: \$ _____ Week Bi-Weekly Per Month

SOURCE OF OTHER GROSS INCOME: _____

Landlord's proposed rent: \$ _____ Per: Day Week Month

Effective date: _____ Current rent: \$ _____

How long have you been a Resident of Trumbull? _____ Years _____ Months

Do you currently have a written lease? Yes No If Yes, period of lease: From: _____ To: _____

Do you have a Section 8 Voucher or reside in a subsidized apartment? Yes No

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

Are you being evicted? Yes No If Yes, for what reason: _____

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

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

NO. OF ADULTS IN THE HOUSEHOLD: _____

NO. OF FAMILIES IN THE HOUSEHOLD: _____

NO. OF MINORS IN THE HOUSEHOLD: _____

TOTAL PERSONS IN THE HOUSEHOLD: _____

NUMBER OF CHILDREN

	1	2	3	4	5	6	7	8	9	10
Age of Each Child										
Sex of Each Child										

TYPE OF STRUCTURE: Brick Wood Stucco Other: _____

Rent includes interior space of: _____ # of basic rooms and other spaces as follows:

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

RENT INCLUDES OTHER SPACES AND SERVICES AS FOLLOWS:

<input type="checkbox"/> Garage	<input type="checkbox"/> Surface Parking	<input type="checkbox"/> Custodian on Premises
<input type="checkbox"/> Elevator	<input type="checkbox"/> Elevator Operator	<input type="checkbox"/> Doorman

RENT ALSO INCLUDES:

<input type="checkbox"/> Heat	<input type="checkbox"/> Hot Water	<input type="checkbox"/> Gas	<input type="checkbox"/> Electricity
<input type="checkbox"/> Range	<input type="checkbox"/> Refrigerator	<input type="checkbox"/> Disposal	<input type="checkbox"/> Air Conditioning

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 his agent? Yes NoIf 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 your apartment been inspected by a Town of Trumbull Housing Code Inspector? Yes No**If Yes, when was your apartment last inspected?** _____**Please include any additional information:**

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 YOUR CURRENT LEASE OR RENT AMOUNT AND PROOF OF THE NEW PROPOSED RENT AMOUNT

Complaint Form 10/2023