



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	LANDLORD
Name: _____	Name: _____
Address: _____	Address: _____
Apt. #: _____ Floor: _____	City/State/Zip: _____
Phone: _____	Phone: _____
Email: _____	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:**

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

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

If Yes, when? \_\_\_\_\_ Explain results: \_\_\_\_\_

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

☐ Yes ☐ No If Yes, please briefly describe: \_\_\_\_\_

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**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:**

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**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**