

**TOWNSHIP OF VERONA
RENT CONTROL BOARD**

TENANT COMPLAINT FORM

PLEASE PRINT CLEARLY

Address of Complaint: _____ Unit: _____

Tenant(s) Name: _____

Telephone Number: _____ Email: _____

Landlord's Name: _____

Landlord's Address: _____

Landlord's Telephone Number: _____

- | | | |
|---|----------------------------------|----------------------------------|
| Does the landlord live in this same dwelling? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you have a written or oral lease? | <input type="checkbox"/> Written | <input type="checkbox"/> Oral |
| Do you have an annual or monthly lease? | <input type="checkbox"/> Annual | <input type="checkbox"/> Monthly |
| Are you still living in the unit? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is your lease still in effect? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Lease start date: _____ Lease end date: _____

If no longer residing in unit, when did you vacate unit? _____

What is/was the current monthly rent? _____

What utilities (if any) are the tenants responsible for? Heat Gas Electric Water

Please describe the complaint regarding your unit (use additional sheet if required):

Tenant Signature

Date

Send completed form to the Rent Control Administrator