

**CITY OF PASSAIC  
RENT LEVELLING BOARD**

**TENANT COMPLAINT FORM**

**PLEASE PRINT CLEARLY**

Supporting Documentation Notice: *Please attach all relevant supporting documents, including lease agreements, rent increase notices, correspondence with the landlord, and any other evidence supporting your complaint.*

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Property Address of Complaint: \_\_\_\_\_

Tenant's Name: \_\_\_\_\_

Tenant's Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Landlord's Name \_\_\_\_\_

Landlord's Address: \_\_\_\_\_

Landlord's Telephone Number: \_\_\_\_\_

Landlord's Email Address: \_\_\_\_\_

Are you 65 years old or older?  Yes  No Does the landlord live in this same dwelling?  Yes  No

What is the current monthly rent? \$ \_\_\_\_\_ What is the proposed rent increase amount? \$ \_\_\_\_\_

Are you current with your monthly rent payments?  Yes  No

In what month and year did you first occupy this Property? \_\_\_\_\_

Do you have a written or oral lease?  Written  Oral  None

- *If written, please attach a copy of your lease and any notice of rent increase, if applicable.*

Do you have an annual or month-to-month lease?  Annual  Month-to-month

Lease start date: \_\_\_\_\_ Lease end date: \_\_\_\_\_

Please describe the complaint regarding your unit (use additional pages if required): \_\_\_\_\_

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I hereby certify that I am the Tenant named above, and that the statements made in this complaint are true. I am aware that if any of the foregoing statements made by me are willfully false, I may be subject to punishment.

Tenant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Reminder: Please ensure you submit all supporting documentation together with this Complaint at the time of submission.