

COMPLAINT FORM
TOWNSHIP OF MONTCLAIR LANDLORD/TENANT HOUSING COMMITTEE

1. Date Filed: _____
2. Tenant Name: _____
Address: _____ Apt # _____
Telephone Number (Home) _____ Work: _____ Cell: _____
3. Landlord Name: _____
Address: _____ Zip Code _____
Telephone Number(s) _____
4. Property Information
 - A. Is your dwelling in a multifamily building? _____ Is it a condo/co-op or house? _____
 - B. Does the owner live in the building? _____
 - C. Number of rentals in building (counting your dwelling)? _____
 - D. Number of rooms in your dwelling (not counting bathrooms)? _____
 - E. Number of bedrooms in your dwelling? _____
 - F. Number of bathrooms (with shower or tub)? _____
 - G. Number of 1/2 baths (no shower or tub)? _____
5. Rental information
 - A. Do you have a current lease? _____ When does the lease end? _____
 - B. When did you first move into the dwelling? _____
 - C. What is your current rent? _____
 - D. If a rental increase is requested, what is the amount requested? _____
 - E. What was your rent last year? \$ _____
 - F. What was your rent the year before last year? \$ _____
 - G. Are you charged for any other space rentals (garage, storage room, etc.) or other services? _____
If yes, what are you charged? _____ And what space(s), or services(s) do you receive? _____
6. Check the utilities that you pay: heat _____ gas _____ oil _____ hot water _____ cold water _____
electricity _____ utility maintenance _____ utility maintenance cost \$ _____
7. List improvements made to your dwelling in the last 2 years: _____
8. Reason(s) for your complaint: _____
9. Have you discussed your complaint(s) with your landlord? _____
10. Have you discussed your complaint(s) with any municipal official(s)? _____ What did they advise? _____
11. List relief requested: _____

Signature - Filing Complaint _____ Tenant: () Landlord: () Other: ()

Please bring to your hearing your current lease and recent correspondence that may have a bearing on your complaint.

INSTRUCTIONS

1. Complete one copy of this form and return it to Kathleen Kumanyika, Landlord/Tenant Committee Liaison, Code Enforcement Office, Municipal Building 2nd floor, 205 Claremont, Avenue, Montclair, NJ 07042
2. A copy of your original form will be return mailed to you and a copy will be certified mailed and regular mailed to the party from whom you request relief.
3. Upon receipt of your completed form, you will be notified of the hearing date.
4. For additional information, please call 973-509-5715.