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.