

**TOWNSHIP OF MONTCLAIR
TENANT COMPLAINT FORM**
*Pursuant to the Township Code Rent Regulation § 257-13
Anti-Harassment Provisions*

PLEASE PRINT CLEARLY

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: _____

Please circle your answer to each question below

Have you received notice of	Eviction	Removal
Does the landlord live in the same dwelling?	Yes	No
Do you have a written or oral lease?	Written	Oral
Do you have a month-to-month lease?	Yes	No
Are you still living in the unit?	Yes	No
Is your lease still in effect?	Yes	No
Are you 65 years old or older?	Yes	No
How long have/did you live in unit? _____	When was the start date of your lease? _____	
When is (was) the lease expiration? _____	What is the current monthly rent? _____	
What is the "proposed" new rent? _____		
What utilities (if any) are the tenants responsible for? _____		
Does your landlord pay any portion of these utilities? _____		

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

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: _____