

**BRANFORD FAIR RENT COMMISSION
TOWN OF BRANFORD
1019 MAIN STREET, P.O. BOX 150, BRANFORD, CONNECTICUT 06405**

**Peter Black, Chairman
Robert Imperato, Vice-Chairman
Peter Cimino
Josh Marshall
Marcus DeVito
James McPartland
Joseph Perdue
Carolyn Sires**



**Ex-Officio
James Cosgrove, First Selectman
Renee Arenas, Clerk**

Case No.:	
Date Filed:	

Fair Rent Commission Complaint Form

The Fair Rent Commission encourages tenants to discuss concerns and try to negotiate with their landlord before filing a complaint.

To register a complaint with the Town of Branford, CT - Fair Rent Commission, complete the sections below and submit the form using one of the following methods:

1. Email the completed form to: Fairrent@branford-ct.gov
2. Mail the completed form to:
Town of Branford
Attention: Fair Rent Commission
1019 Main Street
Branford, CT 06405
3. Hand deliver the completed form to:
Fair Rent Commission
c/o Town Clerk's Office Attn: Renee Arenas
1019 Main Street
Branford, CT 06405

Upon receipt, the Town of Branford Fair Rent Commission will send a *Notice of Complaint* letter acknowledging receipt of the complaint and providing an option to schedule an informal conference, where you and the landlord will have the opportunity to come together in a moderated setting in an attempt to reach a mutually satisfactory resolution or schedule a hearing. The *Notice of Complaint* and your complaint form will be sent to the landlord.

***Please attach copies of the following:
Current lease, proof of rent due, and proof of new proposed rent due***

Section 1: Tenant Information

First & Last Name:			
Address:			
Phone:	<i>[Home]</i>	<i>[Work]</i>	<i>[Cell]</i>
Email:			

Section 2: Landlord Information

First & Last Name:			
Address:			
Phone Number:	<i>[Home]</i>	<i>[Work]</i>	<i>[Cell]</i>
Email:			

Section 3: Property Management Company (if applicable)

Name of Property Management Company:	
Address:	
Contact Name:	
Phone:	
Email:	

Section 4: Basis for Complaint and Related Information (review and complete all sections that apply):

a. My landlord increased or plans to increase the rental charge for the housing accommodations I presently occupy from \$_____ per ___ to \$ _____ per _____ starting on _____.

b. Prior to the increase did you request your landlord make repairs? ☐Yes ☐No
If yes, when and what repairs? _____

c. When rent was increased did you complain to the landlord? ☐Yes ☐No
If yes, when and what was the result? _____

d. Prior to the increase, did you file a complaint regarding the property with any city or state agency? ☐Yes ☐No
If yes, when, what agency and why? _____

e. Has your housing been inspected by the Town of Branford Official? ☐Yes ☐No
If yes, when and by whom? _____

f. Do you have a Section 8 voucher or reside in subsidized housing? ☐Yes ☐No

g. Are you being evicted? ☐Yes ☐No
If yes, for what alleged reason? _____

h. What reason did the landlord state for an increase? _____

i. Is the landlord providing any new services or facilities with the rent increase? ☐Yes ☐No
If so, describe. _____

j. There is no increase, but I believe the rental charge of \$_____ per _____ is excessive.

k. Why do you think rent or rental increases are excessive? _____

l. Does the landlord make necessary repairs? ☐Yes ☐No ☐Sometimes

If the landlord does not always make necessary repairs or adequately provide required services, describe the repairs or services that are needed and any other important facts (plumbing, heating, flooring, ceiling, walls, stairs, lighting, ventilation, health and/or safety violations, etc.)

m. Are there bedbugs, other pests or infestations? ☐Yes ☐No

If yes, describe. _____

n. What day of the month/week is your rent due? _____

o. Is your rent paid up to date? ☐Yes ☐No Date rent was last paid: _____

p. Do you pay your rent regularly and on time? ☐Yes ☐No

q. Do you have a current or past written lease? ☐Yes ☐No

r. When did you move in? _____ What was the rent when you moved in? _____

s. In the boxes below list all rental increases since you moved in.

Date						
Amount						

t. Indicate whether each of the following is included in your rental payment:

	YES	NO		YES	NO		YES	NO
Heat			Garage			Refrigerator		
Hot Water			Air Cond.			Gar. Removal		
Gas			Furniture			Washer/Dryer		
Electricity			Stove			Cable		
Disposal			Storage			Elevator		
Doorman			Custodian			Elevator Oper.		
Basement			Surface Pkg.			Other		

u. Do you pay additional charges (not included in base rent) for any of the above? ☐Yes ☐No

If yes, please specify which and how much. _____

v. Indicate number of rooms:

	#		#		#
Kitchen		Living Room		Dining Room	
Bedrooms		Bathrooms		Tubs/Showers	
Toilets		Sinks		Lavatory Basins	
Basement		Porches		Other Rooms	

w. Total number of people (adults and children) in the household. _____

x. If claiming hardship, total, combined, household adult income. \$_____ per month.

y. Is the bathroom shared with other families in the building? ☐Yes ☐No

z. Other relevant facts: _____

I have read all the foregoing and affirm under the penalties of law that the information I provided is true, accurate and complete to the best of my knowledge. I understand that it is my duty to respond in a timely manner with any information or assistance requested of me by the Commission and to notify the Commission of any changes in my contact information during the end of this Complaint, and that failure to do so may result in the dismissal of this Complaint.

Tenant's Signature

Dated