



THE CITY OF NEW BRUNSWICK

Office of Rent Control

Department of Planning, Community & Economic Development

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TENANT COMPLAINT FORM

Date: _____

File #: _____
(Office Use only)

Address of Complaint: _____ Unit: _____

Tenant(s) Name: _____

Current Residing Address: _____

Telephone Number: _____

Email: _____

Landlord's Name: _____

Landlord's Address: _____

Landlord's Telephone Number: _____

Please inform our office of any change in contact information immediately in order to contact you.

Please fill in the blank spaces and mark the appropriate boxes

Does the landlord live in this 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

How long have/did you live in unit? _____

When was the start date of your lease? _____

When is (was) the lease expired? _____

What is (was) the current monthly rent? _____

What is the "proposed" new rent? _____

Did you receive written notice at least 30 days prior to increase? Yes No

According to your lease, what utilities (if any) are the tenants responsible for?

Water & Sewer Heat Gas Electric

Please complete the front and back of this complaint form

