

TOWN OF GUTTENBERG

MUNICIPAL BUILDING

6808 Park Avenue
Guttenberg, N.J. 07093



Tel. (201) 868-2315
Fax: (201) 868-9332

RESPOND TO:

TENANT ILLEGAL RENT COMPLAINT FORM

Tenant's Name: _____ Tel: _____ Apt#: _____ Rooms#: _____

Address: _____ Zip Code: _____

Landlord's Name: _____ Tel: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Is your building a Condo/Co-op? Yes ___ No ___ No. of Units Owned by your landlord: _____

Existing Tenant-Illegal Rent Increase

Rent Prior to increase: \$ _____ Proposed Increase: \$ _____

Date of Notice of Rent Increase: \$ _____ Effective Date of Increase: _____

Date of Last Increase: ____/____/____ Amount of Last Increase: \$ _____

Copy of Notice of Increase: Yes ___ No ___ Copy (s) of Rent Receipt: Yes ___ No ___

Has increase been paid yet? _____ If so how many months? _____

Are you now or have you ever been the super or janitor in this building? _____

Having submitted this application and the required documentation, I hereby swear that to the best of my knowledge all of the above information and attachments are accurate and further that there is no attempt on my part to conceal any evidence that may have an impact on this hearing.

Date: _____

Signature: _____