



**CITY OF HACKENSACK  
RENT STABILIZATION BOARD  
REQUEST FOR HEARING  
TENANT COMPLAINT FORM**

Date: \_\_\_\_\_

<b>OFFICIAL USE ONLY</b>
File No.: -

Name: \_\_\_\_\_

Name of Apartment Complex: \_\_\_\_\_

Is it more than Three (3) Units?     Yes     No  
*If Yes, please continue filling out the form below. If No, please be advised, your complaint is Statutorily excluded from this Board's jurisdiction.*

Address: _____	Unit Number: _____	Hackensack, New Jersey 07601
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Mailing Address (if different): \_\_\_\_\_

Telephone Number: _____	Email Address: _____ @ _____
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Landlord Name: _____	Landlord Contact Number: _____
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Landlord address (if known): _____	Does the Landlord live in the same dwelling? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Do you have a written or oral Lease? <input type="checkbox"/> Written <input type="checkbox"/> Oral	Do you have a month to month Lease? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Are you currently still residing in the Unit? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is your Lease still in effect? <input type="checkbox"/> Yes <input type="checkbox"/> No
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How long have you resided in the Unit? _____ / _____ / _____	When was the start date of your Lease: _____ / _____ / _____
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Please list the total amount of your monthly rent payments: \$ _____	What is the Lease expiration date: _____ / _____ / _____
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In accordance with your Lease terms, what utilities (if any) are Tenant's responsibility:

Heat     Gas     Electric     Water

**PLEASE TYPE OR PRINT CLEARLY**

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Was this Complaint reported to the Landlord/Management Company? <input type="checkbox"/> Verbally <input type="checkbox"/> Written <input type="checkbox"/> Not Applicable
Was this Complaint reported to any City Officials? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please list the Department and name of the City Official: _____ _____ _____
Is this a rent increase issue? <input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered "Yes" to the question above: What is the "proposed" new rent: _____ Did you receive written notice at least 30 days prior to the proposed increase date: <input type="checkbox"/> Yes <input type="checkbox"/> No
In the space provided below, please describe your Complaint regarding your rent, any illegal rent increases, and/or mandatory charges. Please attach any documents that may be helpful regarding your Complaint (please attach additional pages if necessary). _____ _____ _____ _____ _____ _____

In addition to this Complaint form please include the following documentation:

- |   |   |
|---|---|
| <input type="checkbox"/> Copy of Current Lease  | <input type="checkbox"/> Photos (if applicable) |
| <input type="checkbox"/> Copy of previous Lease (mandatory)                               | <input type="checkbox"/> Other (if applicable)  |
| <input type="checkbox"/> Rent receipts and/or canceled checks<br>(of the last six months) | _____<br>_____                                  |

Filing Fee: \$25.00 Payable to the *City of Hackensack*                       Check                       Money Order

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**PLEASE TYPE OR PRINT CLEARLY**