

Township of Lawrence
Rent Control Hearing Application
Tenant Complaint Form

Address of Complaint: _____ Unit: _____

Tenant(s) Name: _____

Telephone Number: _____ Email: _____

Landlord's Name: _____

Landlord's Address: _____

Landlord's Telephone Number: _____

Does the landlord live in this same dwelling? Yes ___ No ___

Do you have a written or oral lease? Written ___ Oral ___

Do you have an annual or monthly lease? Annual ___ Monthly ___

Are you still living in the unit? Yes ___ No ___

Is your lease still in effect? Yes ___ No ___

Lease start date: _____ Lease end date: _____

If no longer residing in unit, when did you vacate unit? _____

What is/was the current monthly rent? _____

What utilities (if any) are the tenants responsible for? Heat ___ Gas ___ Electric ___ Water ___

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

Tenant Signature _____ Date _____

Please send to manager@lawrencetwp.com with a copy of your lease agreement prior to the Rent Control Hearing