BURBANK LANDLORD-TENANT COMMISSION

TENANT COMPLAINT / REQUEST FOR INFORMATION FORM

(One questionnaire per tenant)

Date: _____

THE LANDLORD TENANT COMMISSION PROVIDES INFORMATION AND RESOURCES ONLY. THE COMMISSION DOES NOT HAVE ANY LEGAL AUTHORITY AND DOES NOT PROVIDE LEGAL ADVICE.

This form is a public record; subject to disclosure.

Personal Information (Please print legibly)

HAVE YOU HIRED AN ATTORNEY?

Please respond: ☐ YES ☐ NO

Name: _____ Contact Number: _____

Address: _____ E-mail: _____

City: _____ Move-in Date: _____

Unit Type: ☐ House ☐ Apartment ☐ ADU ☐ Duplex ☐ Triplex

Current Rent: _____

Do you have a lease: ☐ Yearly ☐ Month-to-month

Lease Expiration Date: _____

Owner Occupied? Yes ☐ No ☐

Number of units in building: ____

Number of occupants: Adults ____ Minors ____

Number of bedrooms: ☐Studio ☐1 bedroom ☐2 bedroom ☐3 bedroom

Do you have a lease: ☐ Yearly ☐ Month-to-month

How did you hear about us? _____

Problem/Issue

Briefly Explain:

When did you first report the problem to manager/owner? _____ Did they respond? ☐

Is the manager on-site? ☐

Property Information

Is the building more than 15 years old? Yes ☐ No ☐

Recent Rent Increases: Date: _____ From: $_____ To: $_____

Date: _____ From: $_____ To: $_____

Owner(s) Name: _____ Address: _____ Tel: _____

Email Address: _____

Prop Mgr Name: _____ Address: _____ Tel: _____

Email Address: _____

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Are you being evicted? Yes ☐ No ☐

(*If **NO**, do not proceed. If **YES**, please answer questions below.)*

Were you given a Notice of Violation? Yes ☐ No ☐

Were you given the opportunity to cure the violation(s)? Yes ☐ No ☐

Were you offered a relocation assistance or waiving of one month rent? Yes ☐ No ☐

Attach any additional documentation to this form.

This form is completed voluntarily and the information it contains may be shared at an open public meeting.

RETURN TO:

CITY OF BURBANK HOUSING AUTHORITY

150 N. THIRD STREET, 2ND FLOOR

BURBANK, CA 91502

daguilar@burbankca.gov

TEL: 818.238.5180