



BURBANK LANDLORD-TENANT COMMISSION

TENANT INFORMATION FORM

(One questionnaire per tenant)

Date: _____

Personal Information	Are you in litigation? Y/N * *Please be advised if Yes, the Commission is not able to assist you, as your case is now a legal matter.
	Name: _____ Phone/Cell Number: _____ Address: _____ E-mail: _____ Move-in Date: _____ Unit Type: ☐ House ☐ Apartment Current Rent: \$ _____ Number of units in building: _____ Lease Type: ☐ Yearly ☐ Month-to-month Number of occupants: Adults _____ Minors _____ Number of bedrooms: ☐ Studio ☐ 1 bedroom ☐ 2 bedroom ☐ 3 bedroom
Problem/Issue	Briefly Explain: _____ _____ _____ When did you first report the problem to manager/owner? _____ Did they respond? Y/N Is the manager on-site? Y/N Have you referred to the CA Tenants Handbook? Y/N
	Property Information <u>Amenities (Select all that apply):</u> ☐ A/C ☐ Garbage disposal ☐ Refrigerator ☐ Balcony ☐ Garage ☐ Security gates ☐ Dishwasher ☐ Laundry ☐ Smoke detector ☐ Fireplace ☐ Patio ☐ Stove Flooring Type: ☐ Carpet ☐ Wood ☐ Tile ☐ Private yard ☐ Swimming pool Other Amenities Not Listed: _____ Recent Rent Increases: Date: _____ From: \$ _____ To: \$ _____ Date: _____ From: \$ _____ To: \$ _____ Owner(s) Name: _____ Address: _____ Tel: _____ Prop. Mgr Name: _____ Address: _____ Tel: _____ Date of ownership change: _____
Health Hazards and Repairs	Plumbing Problems: Y/N Electrical Problems: Y/N Repairs you have made: _____ Cost: \$ _____ _____ _____ Repairs needed immediately : _____

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

TEL: 818.238.5160