

# Repair Complaint Form – Croman Tenants

Tenant: \_\_\_\_\_

Address: \_\_\_\_\_

Apt No. \_\_\_\_\_ Number of Bedrooms: \_\_\_\_\_

Rent Stabilized / Rent Controlled / Market Rate: \_\_\_\_\_

### LACK OF SERVICES

Service	How long?	Details
Heat		
Water		
Hot Water		
Cooking Gas		

### LEASES AND RENEWAL LEASES

	Issue (Check Applicable)	Details
<input type="checkbox"/>	Incorrect Renewal Lease	
<input type="checkbox"/>	Security Deposit Listed Incorrectly	
<input type="checkbox"/>	Inflated Additional Security Deposit	
<input type="checkbox"/>	Renewal Lease Not Sent	
<input type="checkbox"/>	Not Sent on Time	
<input type="checkbox"/>	Co-signed Lease Not Returned	

### RENT STATEMENTS

	Issue (Check Applicable)	Details
<input type="checkbox"/>	Not Providing Rent Statement	
<input type="checkbox"/>	Charging Incorrect Rent	
<input type="checkbox"/>	Incorrectly Charging Arrears	
<input type="checkbox"/>	Incorrectly Charging Fees (Legal Fees, Late Fees)	
<input type="checkbox"/>	Issue with SCRIE/DRIE	
<input type="checkbox"/>	Issue with Section 8	
<input type="checkbox"/>	Not Cashing Rent Checks	

### PUBLIC AREAS OF BUILDING - OUTSIDE

<input type="checkbox"/>	Defective fire escapes
<input type="checkbox"/>	Basement door left open
<input type="checkbox"/>	Garbage accumulation
<input type="checkbox"/>	Paint peeling
<input type="checkbox"/>	Cracks in sidewalk and steps

<input type="checkbox"/>	Bricks need pointing
<input type="checkbox"/>	Parapet wall and cement window sills cracking
<input type="checkbox"/>	Wooden steps from building
<input type="checkbox"/>	Fire egress obstructed

### PUBLIC AREAS OF BUILDING - INSIDE

<input type="checkbox"/>	Broken windows
<input type="checkbox"/>	Windows do not open
<input type="checkbox"/>	Entrance door broken
<input type="checkbox"/>	Entrance lock broken/missing
<input type="checkbox"/>	Entrance buzzer broken
<input type="checkbox"/>	Garbage present/dirty
<input type="checkbox"/>	Hallways are not mopped or cleaned
<input type="checkbox"/>	Gas leak or odor
<input type="checkbox"/>	Gas meters relocated without proper permits
<input type="checkbox"/>	Holes in wall
<input type="checkbox"/>	Inadequate lighting
<input type="checkbox"/>	Leaks or flooding
<input type="checkbox"/>	Mailboxes broken
<input type="checkbox"/>	Paint peeling
<input type="checkbox"/>	Apartments were reconfigured or walls removed
<input type="checkbox"/>	Construction without proper permits
<input type="checkbox"/>	Illegal apartments created in basement
<input type="checkbox"/>	Rats/Mice/Roaches
<input type="checkbox"/>	Elevator out of order

### PUBLIC STAIRWAYS AND ROOF

<input type="checkbox"/>	Defective banister on floor(s) _____
<input type="checkbox"/>	Leaky roof
<input type="checkbox"/>	Loose steps on floor(s) _____
<input type="checkbox"/>	Roof door or lock is broken

### ILLEGAL ACTIVITY

<input type="checkbox"/>	Airbnb/short-term rental in apartment(s) number _____
<input type="checkbox"/>	Prostitution or brothels in apartment(s) number _____

ENTIRE APARTMENT

<input type="checkbox"/>	Bedbugs
<input type="checkbox"/>	Doorbell broken
<input type="checkbox"/>	Front door broken
<input type="checkbox"/>	Front door lock broken
<input type="checkbox"/>	No peephole in front door
<input type="checkbox"/>	Inadequate heat/hot water
<input type="checkbox"/>	Needs paint
<input type="checkbox"/>	No smoke detectors
<input type="checkbox"/>	No carbon monoxide detectors
<input type="checkbox"/>	Rats/Mice/Roaches

BEDROOM

Check master (M) or room 2, 3, 4.

Condition	M	2	3	4
Broken door lock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Broken door	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Broken light	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Broken outlet(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ceiling has mold	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ceiling has peeling paint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ceiling is falling/fell	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ceiling leaks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ceiling needs paint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ceiling plaster is cracked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Closet door broken	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Closet has mold	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Closet leaks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exposed electrical wiring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Broken electrical sockets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Floors are warped or sagging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Floors have holes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Floors tiles broken/missing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hole around steam pipe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Radiator leaks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walls have mold	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walls have peeling paint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walls leak	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walls need paint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Wall plaster cracked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Window doesn't open/close	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Window has broken glass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Window has mold	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Window lock is broken	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Window not sealed properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Windows leak	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inadequate Heat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

LIVING ROOM/HALLWAY

Check living room (LR) or hallway (H)

Condition	LR	H
Broken light	<input type="checkbox"/>	<input type="checkbox"/>
Broken outlet(s)	<input type="checkbox"/>	<input type="checkbox"/>
Ceiling has mold	<input type="checkbox"/>	<input type="checkbox"/>
Ceiling has peeling paint	<input type="checkbox"/>	<input type="checkbox"/>
Ceiling is falling/fell	<input type="checkbox"/>	<input type="checkbox"/>
Ceiling leaks	<input type="checkbox"/>	<input type="checkbox"/>
Ceiling needs paint	<input type="checkbox"/>	<input type="checkbox"/>
Ceiling plaster is cracked	<input type="checkbox"/>	<input type="checkbox"/>
Closet door broken	<input type="checkbox"/>	<input type="checkbox"/>
Closet has mold	<input type="checkbox"/>	<input type="checkbox"/>
Closet leaks	<input type="checkbox"/>	<input type="checkbox"/>
Exposed electrical wiring	<input type="checkbox"/>	<input type="checkbox"/>
Broken electrical sockets	<input type="checkbox"/>	<input type="checkbox"/>
Floors are warped or sagging	<input type="checkbox"/>	<input type="checkbox"/>
Floors have holes	<input type="checkbox"/>	<input type="checkbox"/>
Floors tiles broken/missing	<input type="checkbox"/>	<input type="checkbox"/>
Hole around steam pipe	<input type="checkbox"/>	<input type="checkbox"/>
Radiator leaks	<input type="checkbox"/>	<input type="checkbox"/>
Walls have mold	<input type="checkbox"/>	<input type="checkbox"/>
Walls have peeling paint	<input type="checkbox"/>	<input type="checkbox"/>
Walls leak	<input type="checkbox"/>	<input type="checkbox"/>
Walls need paint	<input type="checkbox"/>	<input type="checkbox"/>
Wall plaster cracked	<input type="checkbox"/>	<input type="checkbox"/>
Window doesn't open/close	<input type="checkbox"/>	<input type="checkbox"/>
Window has broken glass	<input type="checkbox"/>	<input type="checkbox"/>
Window has mold	<input type="checkbox"/>	<input type="checkbox"/>
Window lock is broken	<input type="checkbox"/>	<input type="checkbox"/>

Window not sealed properly	<input type="checkbox"/>	<input type="checkbox"/>
Windows leak	<input type="checkbox"/>	<input type="checkbox"/>

### BATHROOM

<input type="checkbox"/>	Bathtub faucet is broken
<input type="checkbox"/>	Bathtub faucet leaks
<input type="checkbox"/>	Bathtub surface is cracked and peeling
<input type="checkbox"/>	Broken door lock
<input type="checkbox"/>	Broken door
<input type="checkbox"/>	Broken light
<input type="checkbox"/>	Broken outlet(s)
<input type="checkbox"/>	Ceiling has mold
<input type="checkbox"/>	Ceiling has peeling paint/needs paint
<input type="checkbox"/>	Ceiling is falling/fell
<input type="checkbox"/>	Ceiling leaks
<input type="checkbox"/>	Ceiling plaster is cracked
<input type="checkbox"/>	Floors are warped or sagging
<input type="checkbox"/>	Floors have holes
<input type="checkbox"/>	Floors tiles broken/missing
<input type="checkbox"/>	Hole around steam pipe
<input type="checkbox"/>	Inadequate hot water at sink
<input type="checkbox"/>	Inadequate hot water at tub/shower
<input type="checkbox"/>	Inadequate water pressure at sink
<input type="checkbox"/>	Inadequate water pressure at toilet
<input type="checkbox"/>	Inadequate water pressure at tub/shower
<input type="checkbox"/>	Radiator leaks
<input type="checkbox"/>	Shower head is broken/leaks
<input type="checkbox"/>	Sink faucet is broken/leaks
<input type="checkbox"/>	Sink pipes leak
<input type="checkbox"/>	Toilet is broken
<input type="checkbox"/>	Toilet is obstructed
<input type="checkbox"/>	Vanity is loose
<input type="checkbox"/>	Vanity is rotting
<input type="checkbox"/>	Walls have mold
<input type="checkbox"/>	Walls have peeling paint/need paint
<input type="checkbox"/>	Walls leak
<input type="checkbox"/>	Walls' plaster cracked
<input type="checkbox"/>	Window doesn't open/close
<input type="checkbox"/>	Window has broken glass

<input type="checkbox"/>	Window has mold
<input type="checkbox"/>	Window lock is broken
<input type="checkbox"/>	Window not sealed properly
<input type="checkbox"/>	Windows leak

### KITCHEN

<input type="checkbox"/>	Broken light
<input type="checkbox"/>	Broke outlet(s)
<input type="checkbox"/>	Ceiling has mold
<input type="checkbox"/>	Ceiling is falling/fell
<input type="checkbox"/>	Ceiling leaks
<input type="checkbox"/>	Ceiling needs paint/peeling
<input type="checkbox"/>	Ceiling plaster is cracked
<input type="checkbox"/>	Drain is clogged
<input type="checkbox"/>	Exposed electrical wiring
<input type="checkbox"/>	Floors are warped or sagging
<input type="checkbox"/>	Floors have holes
<input type="checkbox"/>	Floors tiles broken/missing
<input type="checkbox"/>	Inadequate cold water at sink
<input type="checkbox"/>	Inadequate hot water at sink
<input type="checkbox"/>	Inadequate water pressure at sink
<input type="checkbox"/>	Oven is broken
<input type="checkbox"/>	Refrigerator is broken
<input type="checkbox"/>	Sink faucet is broken
<input type="checkbox"/>	Sink faucet leaks
<input type="checkbox"/>	Sink pipes leak
<input type="checkbox"/>	Stove is broken
<input type="checkbox"/>	Gas leak
<input type="checkbox"/>	Walls have mold
<input type="checkbox"/>	Walls leak
<input type="checkbox"/>	Walls need paint/peeling
<input type="checkbox"/>	Walls' plaster cracked
<input type="checkbox"/>	Window doesn't open/close
<input type="checkbox"/>	Window has broken glass
<input type="checkbox"/>	Window has mold
<input type="checkbox"/>	Window lock is broken
<input type="checkbox"/>	Window not sealed properly
<input type="checkbox"/>	Windows leak

ADDITIONAL NOTES