

PORTLAND TENANTS UNION

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TENANT DOCUMENTATION FORM

TODAY'S DATE:

TENANT INFORMATION

Name:

Street Address:

Mailing Address:

City:

State:

Zip:

Phone: (home)

(work)

(cell)

Email:

Are You in a Lease or At-Will Agreement?

Lease / At-Will (please circle)

Is Anyone Else on the Lease/At-Will Agreement?

Y / N

Date Lease Signed:

Date of Occupancy (if different from lease date):

Date Lease Expires:

How Many Bedrooms?

studio 1 2 3 4 4+ (please circle)

Monthly Rent:

Heat Included? **Y / N** (please circle)

LANDLORD INFORMATION

Name:

Contact Name:

Contact Title:

Street Address:

Mailing Address:

City: State: Zip:

Phone: (home) (office) (cell)

Email:

Management Company Name (if any):

Management Company Contact:

Is Property Owned by a: Corporation / Individual (please circle)

If Landlord is an Individual Does S/He Live in Your Building? **Y / N** (please circle)

How Many Buildings Does Your Landlord Own? Total Units?

Did your landlord have you sign a "**Lead Disclosure Form**" AND provide you with an EPA booklet entitled, "**Protect Your Family from Lead in Your Home**"? **Y / N**

Did your landlord give you a, "**Maine Lead Paint Disclosure Form**"? **Y / N**

Did your landlord give you an, "**Energy Efficiency Disclosure Form**"? **Y / N**

PROBLEM

Date Problem Began:

Description of Problem: (please circle all that apply)

- Lead Paint Mold Pesticides Chemical Hazard Other Environmental Hazard
- Rodents Insects Fire Codes Building Codes Heat Plumbing Security
- Safety Broken Windows Broken Doors Broken Locks Broken Appliances
- Oven Refrigerator Noise Security Deposit Not Returned
- Rental Payments Not Acknowledged Illegal Activity by Landlord / Other
- Intimidation by Landlord Violation of Tenants Rights Other Landlord Issues

Brief Statement of Problem: *(in your own words)*

Who is Aware of Problem *(to your knowledge)?:* (please circle all that apply)

- Landlord Building Supervisor Maintenance Person Management Company
- City Official State Official Attorney General EPA Private Attorney

Status of Problem: (please circle all that apply)

- Reported Acknowledged Resolved Satisfactorily Resolved Unsatisfactorily

Please Rate Your Satisfaction with:

	LOW	HIGH	
Landlord	1	2	3	4 5
Management Company	1	2	3	4 5
Rent Affordability	1	2	3	4 5
Safety	1	2	3	4 5
Habitability	1	2	3	4 5

FOR OFFICE USE ONLY

IN:	DATE:
ADMIN:	DATE:
OUT:	DATE:
FOLLOW-UP:	DATE: