

**Middleborough Rent Board**  
10 Nickerson Avenue  
Middleborough, MA 02346

**TENANT PETITION FOR RENT ADJUSTMENT**

In the Matter of:

Name of Mobile Home Park:

Tenant: \_\_\_\_\_  
          First Name           Last Name

Owner: \_\_\_\_\_  
          First Name           Last Name

Address: \_\_\_\_\_  
          No. & Street

Address: \_\_\_\_\_  
          No. & Street

\_\_\_\_\_  
City                           State    ZIP

\_\_\_\_\_  
City                           State    ZIP

Home Telephone: \_\_\_\_\_

Work Telephone: \_\_\_\_\_

I hereby petition for adjustment of Rent at the above named Mobile Home Park for the reasons checked below. (Describe each in detail on the back of this Form.):

\_\_\_\_\_ (1) There has been a substantial decrease in the Property Tax since \_\_\_\_\_

\_\_\_\_\_ (2) To the best of my knowledge, there have been substantial decreases in Operating & Maintenance costs since \_\_\_\_\_

\_\_\_\_\_ (3) There have been substantial decreases in Services or Equipment since \_\_\_\_\_

\_\_\_\_\_ (4) There has been a substantial deterioration of the Mobile Home Park and common areas, other than a result of ordinary wear and tear since \_\_\_\_\_

\_\_\_\_\_ (5) There has been substantial failure to perform ordinary Repair & Maintenance.

\_\_\_\_\_ (6) To the best of my knowledge, the current Rent charged yields more than a Fair Net Operating Income from the mobile home accommodations.

\_\_\_\_\_ (7) The present Rent being charged is in excess of the Legal Maximum Rent established by the Rent Board.

\_\_\_\_\_ (8) OTHER: (Please describe) \_\_\_\_\_

Answer the following:

Items included in the Rent: Heat: \_\_\_ Hot Water: \_\_\_ Utilities: \_\_\_ Other (specify): \_\_\_\_\_

When you first moved in, state the Monthly Rent charged for your mobile home accommodations including: \$ \_\_\_\_\_; Town Tax of \$ \_\_\_\_\_; Date of Move In: \_\_\_\_\_

State the current Total Monthly Rent, \$ \_\_\_\_\_, including Town Tax charged, \$ \_\_\_\_\_

Has your mobile home accommodation been inspected by the Health Dept? Yes: \_\_\_ No: \_\_\_

If YES, when was the last inspection made? Date: \_\_\_\_\_

Did any Violations exist at that time? Yes: \_\_\_ No: \_\_\_; if YES, please list specific violations:

Do the violations still exist? Yes: \_\_\_ No: \_\_\_