327 S. 9th Street, Griffin, GA 30224
Phone: (770) 227-7657 Fax: (770) 227-7745

TENANT COMPLAINT AFFIDAVIT

Date: _____

Property Address:

Complainant Information:

Name:	
Address:	
Phone Number:	

Property Owner:

Name:		Phone:
Address:		
City:	State:	Zip Code:

Property Information:

1. When did you move into the property? _____
2. Are you on the lease? ☐ Yes ☐ No,
3. Do you have a copy of your lease? ☐ Yes ☐ No
4. Have you notified the landlord of the problem(s)? ☐ Yes ☐ No Date(s): _____
5. Is your rent subsidized through Section 8 or HUD? ☐ Yes ☐ No
6. Is there a current Landlord/Tenant dispossessory or civil filing (lawsuit or eviction)? ☐ Yes ☐ No
7. Do you live inside the City limits of Griffin? ☐ Yes, ☐ No, I reside in Spalding County
8. Do you currently, or have you ever had bedbugs? ☐ Yes ☐ No
9. Is your utilities on in the Landlords name? ☐ Yes ☐ No

Describe in detail the problem(s) with the property:

_____

_____

_____

_____

_____

GHA Comments: _____

_____

By signing this Affidavit, I give the Griffin Housing Authority permission to schedule and conduct an interior and exterior inspection of the property. Furthermore, I understand that by signing this form, I am swearing under oath that the facts contained herein are true and correct to the best of my knowledge. Knowingly providing false statements on this document could result in punishment under the law.

_____ _____

Printed Name Signature

Sworn to and subscribed before me on this the _____ day of _____, 20_____.

Notary Public My Commission Expires: