

**EFFECTIVE DATE OF ORDER**  
**UNITED STATES OF AMERICA**  
**DEPARTMENT OF PRICE ADMINISTRATION**  
**STATEMENT OF COMPLAINANT**

**STAMP OF ISSUING OFFICE**

**MAXIMUM RENT DATE**

**MAR 1 1942**

**DOCKET NUMBER**

**I-2-8639**

**CONCERNING (Address of Accommodations)**  
**165 W. GOETHE ST. Chicago**  
 (Number and Street) (City)

**APARTMENT OR ROOM IDENTIFICATION**

**1st Floor**

**NUMBER OF ROOMS**

**6**

(AS "NO. 2," "SECOND FLOOR FRONT," ETC.)

**INSTRUCTIONS**

- A. Fill out and sign two copies of this form.  
 B. Mail the forms to Rent Director at address stamped in upper right-hand corner of this form.  
 C. Fill in all blank spaces if applicable.

**NAME OF LANDLORD**

**GEORGE MERCURIO**

**ADDRESS - NUMBER AND STREET**

**CITY, POSTAL ZONE NUMBER, AND STATE**

**Chicago - Illinois**

1 a How much rent do you pay? \$ 25. per MONTH  
 (DAY, WEEK, MONTH)  
 b Period during which you occupied above dwelling FROM MARCH - 1944 TO OCT. - 1946  
 c NAME OF PERSON TO WHOM RENT IS PAID GEORGE MERCURIO  
 d Do you get rent receipts? YES ☒ NO ☐  
 e Do you pay your rent by check? YES ☐ NO ☒  
 f If your answer to "d" or "e" is "Yes," attach your rent receipts or your cancelled checks, or explain below your reasons for not doing so.

5 c Has the security been returned to you? YES ☐ NO ☒  
 6 a Did you purchase furniture or other property, or did you pay for painting, decorating, or other such services in connection with renting the above dwelling? YES ☒ NO ☐  
 b If your answer to "a" is "Yes," state the items paid for, amount, date, and to whom paid. AMOUNT \$ 45.00 DATE MARCH - April 43 PAID TO ITEMS: WALL PAPER  
PAINTS - NAILS -  
DOING LABOR OURSELF - THAT JANITOR  
SHOULD HAVE DONE

2 a Were you living in the above dwelling unit on the Maximum Rent Date? (See date in upper right-hand corner.) YES ☒ NO ☐  
 b If your answer to "a" is "Yes," state rent paid (DAY, WEEK, MONTH) \$ 25 per MONTH  
 3 a Was your rent changed during the last twelve months? YES ☐ NO ☒  
 b If your answer to "a" is "Yes," give the months and amounts paid. 25 MONTHS - TOTAL \$625.00  
 c If your answer to "a" is "Yes," state the reasons given by your landlord for the change.

7 a Check (X) Yes or No as to whether you receive the following services and equipment

EQUIPMENT	YES	NO	SERVICES	YES	NO
FURNITURE	<input type="checkbox"/>	<input type="checkbox"/>	GARAGE	<input type="checkbox"/>	<input checked="" type="checkbox"/>
RUNNING WATER	<input checked="" type="checkbox"/>	<input type="checkbox"/>	HEAT OR HEATING FUEL	<input type="checkbox"/>	<input checked="" type="checkbox"/>
HOT WATER	<input type="checkbox"/>	<input checked="" type="checkbox"/>	COOKING FUEL	<input type="checkbox"/>	<input checked="" type="checkbox"/>
FLUSH TOILET	<input type="checkbox"/>	<input checked="" type="checkbox"/>	COLD WATER	<input checked="" type="checkbox"/>	<input type="checkbox"/>
BATHROOM	<input checked="" type="checkbox"/>	<input type="checkbox"/>	HOT WATER	<input type="checkbox"/>	<input checked="" type="checkbox"/>
CENTRAL HEATING	<input type="checkbox"/>	<input checked="" type="checkbox"/>	LIGHT	<input type="checkbox"/>	<input checked="" type="checkbox"/>
HEATING STOVE	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ICE OR REFRIGERATION	<input type="checkbox"/>	<input checked="" type="checkbox"/>
MECHANICAL REFRIGERATOR	<input checked="" type="checkbox"/>	<input type="checkbox"/>	JANITOR SERVICE	<input type="checkbox"/>	<input checked="" type="checkbox"/>
ELECTRICITY INSTALLED	<input type="checkbox"/>	<input type="checkbox"/>	GARBAGE DISPOSAL	<input type="checkbox"/>	<input checked="" type="checkbox"/>
COOKING STOVE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	PAINTING AND DECORATING	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If any equipment is shared indicate below			INTERIOR REPAIRS	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			EXTERIOR REPAIRS	<input type="checkbox"/>	<input checked="" type="checkbox"/>

4 a Did you pay a bonus, reward, brokerage fee, or other such moneys to the landlord, his agent, or other such person as a condition of renting the above dwelling unit? YES ☐ NO ☒  
 b If your answer to "a" is "Yes," state the amount, date, and to whom paid. AMOUNT \$ \_\_\_\_\_ DATE \_\_\_\_\_ PAID TO \_\_\_\_\_  
 5 a Did you deposit any security with the landlord, his agent or other person before moving in? YES ☐ NO ☒  
 b If your answer to "a" is "Yes," state the amount, date, and to whom paid. AMOUNT \$ \_\_\_\_\_ DATE \_\_\_\_\_ PAID TO \_\_\_\_\_

ALL EQUIPMENT  
IS OURS - LANDLORD'S -  
LAND FURNISHES  
NOTHING  
 List any other services  
OUR OWN - FAUCETS -  
TOILET SEAT - FRENCH  
DOORS - LINOLINUM -  
LIGHT FIXTURES -  
PLUMBING - DOOR LOCK -  
REPAIR BACK DOOR  
 Has the landlord reduced any of the services, furniture, furnishings, or equipment since you moved into the above dwelling? YES ☒ NO ☐  
 If your answer to "b" is "Yes," state the services, furniture, etc., which have been decreased and the date the decreases occurred.  
NOV. 1945

**RETURN THIS FORM TO THE RENT OFFICE BY MAIL - DO NOT BRING IT IN PERSON**

## STATEMENT OF COMPLAINANT (Continued)

a Have you received a notice to vacate your dwelling? YES NO <input type="checkbox"/> <input checked="" type="checkbox"/>	10 Has the maximum rent for your dwelling unit been reduced by the Rent Director within the last six months? YES NO <input type="checkbox"/> <input checked="" type="checkbox"/>
b If your answer to "a" is "Yes," indicate type of notice given <input type="checkbox"/> WRITTEN <input type="checkbox"/> ORAL	
c If the notice to vacate given to you was written, attach a copy of the notice to this form.	11 a Has your landlord attempted to sell to you or any other person the dwelling which you occupy? YES NO <input checked="" type="checkbox"/> <input type="checkbox"/>
d If the notice to vacate given to you was oral, state date given, date when you must vacate, and reasons given for asking you to vacate.	b If your answer to "a" is "Yes," state to whom and date the offer to sell was made TO <u>JAPS</u> DATE <u>Do NOT KNOW</u>
a Have you received a notice to defend an eviction in the local court, or has the local court notified you to vacate your dwelling? YES NO <input type="checkbox"/> <input checked="" type="checkbox"/>	12 a Has your landlord attempted to rent your dwelling to any other person? YES NO <input checked="" type="checkbox"/> <input type="checkbox"/>
b If your answer to "a" is "Yes," attach a copy of the notice given to you if it was written.	b If your answer to "a" is "Yes," state to whom and on what date the offer was made TO <u>JAPS</u> DATE <u>Do NOT KNOW</u>

OTHER STATEMENT OF TENANT (State in this space all the additional facts which you have which may assist the Rent Director in processing your complaint. If you believe that you have a ground for a decrease in the maximum rent which you are paying, you should so state. If you are not now living in the dwelling about which you complain, give your present address.)

1. WE DID OUR OWN CLEANING - AND DECORATING  
 2. THERE'S A DEAD RAT IN A CLOSET BETWEEN WALLS AND NOTHING DONE FOR IT, LANDLORD REFUSED TO DO ANYTHING  
 3. TOOK OWN GARBAGE OUT - DID ALL JANITOR SERVICE  
 4. LANDLORD PULLED BOARDS DOWN FROM OUR BACK PORCH WITHOUT NOTICE - WE OURSELVES HAD TO PUT IT BACK UP SO THAT THE KIDS CAN'T COME ON OUR PORCH.  
 5. NO LIGHT IN OUR FRONT HALL - THEY WON'T CAUSE THEY WOULD HAVE TO PAY MORE TAXES TO CITY - THERE'S TWO ENTRENCHMENTS WITH ONE ADDRESS.  
 6. PUT OUR OWN SCREEN ON BACK PORCH, AND WE DID OUR REPAIRING ON FAUCETS & LIGHTS & WINDOWS.  
 7. WE SHOULD HAVE RECEIVED ONE MONTHS RENT "FREE" FOR DECORATING - WE NEVER GOT THAT - THE OTHER TENANTS DID.

This Statement of Complaint need not be sworn to, but false statements may subject you to the penalties provided by law.

SIGNATURE OF COMPLAINANT

DATE

Mrs Anna De Lore

OCT 19, 46