



Joseph P. Ganim
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Fair Rent Commission
INITIAL INTAKE APPLICATION

DATE: _____ TIME: _____ FILE #: _____

TENANT: _____	LANDLORD: _____
ADDRESS: _____	ADDRESS: _____
CITY: _____	CITY: _____
ZIP: _____	ZIP: _____
PHONE: _____	PHONE: _____
EMAIL: _____	EMAIL: _____

- How long have you lived at this address: _____
- Do you have a written lease? YES NO Lease end date: _____
- Is your rent paid up to date? YES NO
- How much is the rent? _____
- How much was the increase? _____
- How many units? _____

_____ Bedrooms	_____ Dining Room	_____ Living Room
_____ Bathrooms	_____ Kitchen	_____ Basement
- Does the landlord supply:

Heat <input type="checkbox"/> YES <input type="checkbox"/> NO	Hot Water <input type="checkbox"/> YES <input type="checkbox"/> NO	Air Conditioner <input type="checkbox"/> YES <input type="checkbox"/> NO
Gas <input type="checkbox"/> YES <input type="checkbox"/> NO	Electricity <input type="checkbox"/> YES <input type="checkbox"/> NO	Washer/Dryer <input type="checkbox"/> YES <input type="checkbox"/> NO
Stove <input type="checkbox"/> YES <input type="checkbox"/> NO	Refrigerator <input type="checkbox"/> YES <input type="checkbox"/> NO	Parking <input type="checkbox"/> YES <input type="checkbox"/> NO
Porch <input type="checkbox"/> YES <input type="checkbox"/> NO		
- Are repairs needed? YES NO
- If repairs are needed, have you told your landlord? YES NO
- Has the Health Department inspected the apartment? YES NO
- If so, when? _____
- How many people live in the apartment? _____ Under 62 _____ Over 62 _____ Children _____
- How many of the adults who live in the apartment are employed? _____
- What is the total of their incomes? _____

ADDITIONAL INFORMATION:

I _____ give consent to the Fair Rent Commission to be interviewed at my address and negotiate my rent increase.

I have read the foregoing and I hereby affirm under penalties provided by law that the contents thereof are true to the best of my knowledge.

PLEASE NOTE: TENANT MUST CONTINUE TO PAY, ON TIME, THE AMOUNT OF RENT IN EFFECT AT THE TIME OF THE FILLING OF THIS COMPLAINT. FAILURE OF THE TENANT TO PAY MONTHLY RENT ON TIME WILL RESULT IN THIS CASE BEING DISMISSED.

DATE: _____ **SIGNATURE:** _____

DATE: _____ **SIGNATURE:** _____