



City of Bridgeport

Department of Health & Social Services

Fair Rent Commission

Joseph P. Ganim
Mayor

Dr. Elizabeth Rivera-Rodriguez, MPH
Director of Public Health

INTAKE APPLICATION

DATE: _____

FRC CASE #: _____

Tenant: _____	Landlord: _____
ADDRESS: _____	ADDRESS: _____
CITY: _____ ZIPCODE: _____	CITY: _____ ZIPCODE: _____
PRIMARY PHONE #: _____	PRIMARY PHONE #: _____
ALTERNATIVE #: _____	ALTERNATIVE #: _____
EMAIL: _____	EMAIL: _____

- How long have you lived at the above address: _____
- What is the total number of household members? _____
 - _____ Under 62 _____ Over 62 _____ Children
 - Is anyone in the home disabled physically? Yes No
 - Of the adults in the home, how many are employed? _____
- Do you have a written lease agreement? Yes No
 - Did your lease end: _____
 - When will your lease end: _____
- Is your rent up to date? Yes No
 - If not up to date, please explain more: _____

- What is your rental agreement amount? _____
- How much is the anticipated rental increase? _____
- When was the last rental increase? _____
- What is the total family income? _____
- How many total rooms are within the unit? _____

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

Heating <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



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- a. If repairs are needed, have you told your landlord? Yes No
- b. If yes, when did you make the report(s)? _____
- 12.** Has the City of Bridgeport Health Department inspected the apartment? Yes No
 - a. If yes, when were the report(s) made? _____
- 13.** Have you been served a NOTICE TO QUIT? Yes No
 - a. If yes, when _____
- 14.** Are you currently in litigation or pending eviction status? Yes No
- 15.** Do you have an active open housing court case? Yes No
- 16.** Are there any pets within the home? Yes No
 - a. If yes, how many pets are in the home? _____
- 17.** Would you like to engage in the mediation process? Yes No
- 18.** Please provide any additional information for relevance to your complaint: _____

I _____ give consent to the Fair Rent Liaison to engage and refer my case to mediation. If a resolution cannot be made I _____ agree to have the Fair Rent Commissioners preside over my case and negotiate the terms of my rental 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.

I _____ understand that I am responsible and must continue to pay the rental agreement, on time, and the amount of rent in effect at the time of the filing of the complaint. Failure to pay the monthly agreement on time will result in this case being dismissed.

Tenant Signature

Date

Tenant Signature

Date