

City of Bridgeport
Bridgeport Social Services
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Iris N. Molina
 Director
 (203) 576-7471

Milta Feliciano
 Lead Housing Specialist
 (203) 576-7483

Bridgeport Lead Free Families Intake Application for Tenants

Referral received from: _____ Date of Intake: _____

Check all that apply: _____ Ref. to HPC _____

VIOLATIONS:

- _____ Lead
 _____ Housing Code Violations
 _____ Environmental Code Violations

Family Composition:

Head of Household Information

Name: _____
 Last Name First Name Middle

Address: _____
 (Street) City State Zip code

Telephone No. _____ Cell phone: _____

DOB: _____

Length of time @ apartment: _____

List other Family members that reside with you:

Name	Relationship	DOB	Age	Lead Level

Name of Physician: _____ Telephone No. _____

Physician address: _____

Landlord/Owner Information

Name: _____ Address: _____
Telephone No. _____ Cell phone: _____

Date Lead Screening Performed: _____

Who performed the lead Screening: _____

Results: _____

Household income: Employment

Name of Employer: _____ Tel. #: _____

Employer Address _____

Weekly Income: _____ Weekly Income

Other Sources of income: _____ Child Support

_____ SSI

_____ SSD

Total income: _____

Income Eligibility:

Occupant Income Limits: Circle the one that applies to the family.

Family Size							
1 PERSON	2 PERSON	3 PERSON	4 PERSON	5 PERSON	6 PERSON	7 PERSON	8 PERSON
\$39,550	\$45,200	\$50,850	\$56,500	\$61,000	\$65,550	\$70,050	\$74,600

Fair Market Rental Rate

Number of Bedrooms				
0	1	2	3	4
\$575	\$748	\$900	\$1,126	\$1,404

Please provide copies of the 4 most current pay stubs _____

Or income verification

Other Services Provided: Social Services

Food Voucher _____ Ref. To: _____

Case Management _____ Ref. To: _____

Clothing _____ Ref. To: _____

Counseling _____ Ref. To: _____

Food Stamps _____ Ref. To: _____

Food Stamp Emp/Train. _____ Ref. To: _____

Healthy Start Program _____ Ref. To: _____

Grandparents Prog. _____ Ref. To: _____

All information provided in connection with this application is true and complete and is provided for the purpose of inducing the City of Bridgeport, Bridgeport Lead Free Families to approve participation into the program

Signature

Date

Notes/Comments:

For office use only:

Documents attached

_____ Code Violations
_____ Income verification/information

Application Processed:

_____ APPROVED
_____ DENIED