City of Bridgeport
Department of Health & Social Services
Margaret E. Morton Government Center
999 Broad Street

RENTERS' REBATE LANDLORD RENT VERIFICATION FORM

TO BE COMPLETED BY LANDLORD

Date: _____

My Tenant(s): _____ rents at my property located at

_____, in Bridgeport CT

_____ in the year 2025, my tenant(s) paid me the amounts below each month for rent.

Month	January	February	March	April	May	June	July	August	September	October	November	December
Amount												

I (Landlord Name) _____ own/manage property at:

(Rental Property Street Address) _____

Bridgeport, Connecticut _____ (Zip Code). Phone # _____

Signature of Landlord: _____

Subscribed and sworn before me this _____ day of _____, 20_____

_____
(Notary Public)

My Commission expires: _____
(Date)