



HOUSING COMPLAINT QUESTIONNAIRE

NOTICE REQUIREMENTS – APPLICATION TO PURCHASE OR RENT A DWELLING

PROFESSIONAL STANDARDS/HUMAN RIGHTS SECTION

115 S. ANDREWS AVENUE, ROOM 427
FORT LAUDERDALE, FLORIDA 33301
TELEPHONE: (954) 357-6500 FAX: (954) 357-7817 TTY (954) 357-7888

When completing this form, please print legibly or use a typewriter.
Please do not write on the back of the page. Use additional sheets if necessary.

1. PERSONAL INFORMATION:

Last Name: First Name: MI:
Street/Mailing Address: Apt./Unit #
City: County: State: Zip:
Phone Numbers: Home: Work:
Cell: Email Address:
Date of Birth: Sex: Male Female
How did you hear of our office?

PROVIDE THE NAME OF A PERSON WE CAN CONTACT IF WE ARE UNABLE TO REACH YOU:

Name: Relationship:
Address: City: State: Zip:
Home: Other:

2. WHAT IS THE ISSUE OF YOUR CLAIM FOR WHICH YOU WERE DENIED NOTICE?

Denied Rental of a Dwelling Denied Purchase of a Dwelling

3. INFORMATION ABOUT YOUR CLAIM:

Property/Landlord Name:
Address: County:
City: State: Zip: Telephone:

4. WHEN DID YOU SUBMIT AN APPLICATION FOR RENTAL/PURCHASE?

(Month) (Day) (Year)

5. DID YOU RECEIVE WRITTEN NOTICE YOUR APPLICATION WAS INCOMPLETE OR INCORRECT?  Yes or  No

6. DID YOU SUBMIT ALL THE ITEMS NEEDED TO MAKE YOUR APPLICATION COMPLETE/CORRECT?  Yes or  No

7. TO WHOM DID YOU SUBMIT THE INFORMATION AND WHEN:

a. \_\_\_\_\_  
Name of Person & Title

b. \_\_\_\_\_  
(Month) (Day) (Year)

8. DID YOU RECEIVE WRITTEN NOTICE YOUR APPLICATION WAS REJECTED?  Yes or  No

9. IF YES, WHEN: \_\_\_\_\_  
(Month) (Day) (Year)

10. DID THE NOTICE SPECIFICALLY STATE WHY YOUR APPLICATION WAS REJECTED?  Yes or  No

11. HAVE YOU HAD ANY VERBAL OR WRITTEN CONTACT WITH THE HOUSING PROVIDER SINCE SUBMITTING YOUR RENTAL/PURCHASE APPLICATION?

Yes or  No IF YES, DESCRIBE THE CONTACTS BELOW.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

A. Based on the foregoing, I believe the above-referenced housing provider failed to provide me with notice about its processing of, and/or its decision in reference to, my application to rent or purchase the described dwelling in violation of Section 16½-35.6(a) or (b), Broward County Code.

B. Under penalty of perjury, declare that I have read the entire contents of this questionnaire and that my answers and statements contained herein are true and correct.

Signed: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date Signed: \_\_\_\_\_