

Society of Vincent DePaul, St. Victor Conference

501 1st Street, P.O. Box, 178, Monroe, WI 53566

Phone: 608-558-1103 Fax: 608-328-2307

Verification of Residence

(To be completed by Applicant's landlord)

I, the undersigned Landlord, have been or will be renting the following to:

Tenant's Name:

Unit Number:

Address

City

State

Zip

Beginning Date of Rental

Monthly Rate

or Weekly Rate

Other Tenant's in this unit include

The unit rental is is not government subsidized resulting in the tenant paying less than the full cost of the rent.

Please Indicate Below Who Pays For These Services

	Tenant	Landlord		Tenant	Landlord		Tenant	Landlord
Heat			Water			Gas		
Electricity			Sewer			Fuel Oil		

I certify the information on this form is accurate

Printed Landlord's Name

Phone:

Landlord's Address

City

State

Zip

Landlord's Signature _____

Date

St, Victor Conference needs to confirm the following information if it approves the Applicant's request for rent:

Make Check Payable to

Phone

Mail Check to

Address (City, State, Zip)