

**Society of St. Vincent de Paul, St. Victor Conference**  
 501 1st Street, PO Box 178, Monroe, WI 53566  
 Phone 608-329-7837 ext.228 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 Tenants in this unit include: \_\_\_\_\_

The rental unit 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		

What is the tenant's exact balance, due to you, when you verify this form: \_\_\_\_\_

I certify that the information on this form is accurate.

Print Landlord's Name \_\_\_\_\_ Phone \_\_\_\_\_

Landlord's Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Landlord's Signature \_\_\_\_\_ Date \_\_\_\_\_

**IMPORTANT! St. Victor Conference requires the following information if it approves the Applicant's request for rent:**

Make Check Payable to: \_\_\_\_\_ Phone \_\_\_\_\_

Mail Check to: \_\_\_\_\_

Address (city, state, zip) \_\_\_\_\_