

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) _____ 04-25

How would you like to receive the check: () Mailed () Put in dropbox () Picked up at SVdP Store