



Dane County Housing Authority

2917 International Lane #201, Madison, WI 53704

Ph: (608) 224-3636 ■ Fax: (608) 224-3632

Social Service Agency Residency Verification Affidavit

In order to verify that an applicant should receive a Residency preference, DCHA requires documentation that the Head of Household, spouse, or Co-Head of Household lives, works, or is attending school or a training program in Dane County. If the applicant is unable to provide verification of residency due to homelessness and unemployment, DCHA will accept this affidavit if completed and signed by a staff member of a certified social service agency. This document cannot be used as an address update.

FORMS WITHOUT A PHYSICAL ADDRESS LISTED BELOW WILL NOT BE ACCEPTED.

Applicant Name: _____

Date of Birth: _____

What address does the applicant stay at? _____

☐ All of the time

☐ Most of the time

☐ Some of the time

Have you visited the applicant at this address? _____

If no, how/why are you able to certify that the applicant stays there? _____

Name of Social Service Agency staff member: _____

Social Service Agency: _____

Address: _____

Phone Number: _____

Social Service Agency Staff Member's Signature

Date

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States Government as to any matter within its jurisdiction.

