



# Dane County Housing Authority

6000 Gisholt Dr, Suite 203, Monona, WI 53713  
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.***

