

**Columbia County Department of Health & Human Services**

“An Ongoing Concern for People”

2652 Murphy Rd  
Mail to: P.O. Box 136  
Portage, WI 53901

Phone: 608-742-9227  
FAX: 608-742-9700

Case Name: \_\_\_\_\_ Case #: \_\_\_\_\_

Due Date: \_\_\_\_\_ Requested By: \_\_\_\_\_

**VERIFICATION OF RESIDENCE**

This form should be completed by Landlord or Manager only.

I, \_\_\_\_\_, am renting this unit located at:  
(Landlord or Manager)

Address: \_\_\_\_\_

To: \_\_\_\_\_

Tenants in Unit (Including children): \_\_\_\_\_

For \$ \_\_\_\_\_ per month (RENTER’S ACTUAL COST AFTER ANY SUBSIDY)

Is the HEAT included in rent? \_\_\_\_\_ YES \_\_\_\_\_ NO

IF NO, Type of Heat that Tenant Must Pay: Oil \_\_\_\_\_ Gas \_\_\_\_\_ Electric \_\_\_\_\_ Wood \_\_\_\_\_

Please place a check mark in the blank if the tenant is responsible for any of these non-heat utility costs:

Water \_\_\_\_\_ Sewer \_\_\_\_\_ Telephone \_\_\_\_\_ Electric \_\_\_\_\_

Date of Occupancy: \_\_\_\_\_

\*\*\*\*\*

Landlord or Manager’s Name: \_\_\_\_\_

Landlord or Manager’s Address: \_\_\_\_\_

Landlord or Manager’s Phone #: \_\_\_\_\_

Landlord or Manager’s Signature: \_\_\_\_\_

**THANK YOU FOR COMPLETING THIS FORM!**

