



CommunityDevelopmentAuthority

215 Martin Luther King Jr. Blvd. Suite 161

Madison, Wisconsin 53703

ph (608)266.4675 fx (608)264.9291

email housing@cityofmadison.com

mail P.O. Box 1785, Madison, WI 53701-1785

Social Service Agency Residency Verification Affidavit

In order to verify that an applicant should receive a Residency preference, the CDA requires documentation that the head-of-household, spouse, or co-head of the household lives, works, or is attending school in the City of Madison or Dane County. If an applicant is unable to provide verification of residency due to homelessness and unemployment, the CDA 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.

Name of CDA Applicant: _____

Date of Birth: _____

Address where applicant stays: _____

- All the time Most of the time Some of the time

Have you visited the applicant at this address? _____

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

Name of Social Service Agency staff member: _____

Social Service Agency: _____

Address: _____

Phone number: _____

Signature

Date

WARNING: SECTION 1001 of TITLE 18 of th U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any agency of the United States Government to any matter within it’s jurisdiction. Wisconsin Law Act 173 makes fraud against a housing authority a crime punishable by up to a \$10,000 fine and up to two years imprisonment.