**DEPARTMENT OF CHILDREN AND FAMILIES**

Division of Early Care and Education

**Household Verification Request**

**WHY AM I RECEIVING THIS?** The State of Wisconsin, Department of Children and Families, or       needs you to verify the information requested on this form.

*Wisconsin Statutes s.49.001(9) and s. 49.143(5)(a) authorize the department and the local agency to request this information from any person that it determines appropriate and necessary for the administration of Wisconsin works.*

*This information will only be used for the administration of the program.*

**WHAT DO I NEED TO DO?** Complete and return this form within seven days of receipt.

**WHO DO I RETURN THE FORM TO?** Return the completed form by fax, email or mail.

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| EMAIL – Scan and email to: | | MAIL to – Name: | |
|  |  | |
| FAX – Fax to: | | Department / County: | |
| ATTENTION: | | Address: | |
|  | | City, State, Zip Code: | |

If you have questions, contact       at      .

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| **IDENTIFYING INFORMATION** | | | | | | | | | |
|  | | | | | | | | | |
| Name – Individual: | |  | | | | | | | |
| Address (Street, City, State, Zip Code): | | |  | | | | | | |
| Timeframe of residency at the above address: | | | | FROM:       TO: | | | | | |
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| **LANDLORD REQUESTED INFORMATION (HOUSEHOLD MEMBERS REPORTED LIVING WITH THE ABOVE TENANT).**  Is the above identifying information reported to the agency for the individual correct?  Yes  No | | | | | | | | | |
| If not please include correct information for residency and timeframe. | | | | |  | | | | |
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| Please list the individual’s names and the timeframe they were living with the tenant. | | | | | | | | | |
|  | | | | | | | | | |
| 1. | Name – Household Member: | | | | | 3. Name – Household Member: | | | |
|  | Timeframe: | | | | | Timeframe: | | | |
|  |  | | | | | | | | |
| 2. | Name – Household Member: | | | | | 4. Name – Household Member: | | | |
|  | Timeframe: | | | | | Timeframe: | | | |
| **PLEASE INCLUDE A COPY OF A LEASE WITH THE RETURN OF THIS FORM.** | | | | | | | | | |
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| **PERSON COMPLETING FORM** | | | | | | | | | |
| Name: | | | | | Title: | | | | |
| Telephone Number: | | | | | Email: | | | | |
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| **SIGNATURE** – Person Completing Form | | | | | | |  | Date Signed |  |