Department of Workforce Development State of Wisconsin

Division of Vocational Rehabilitation

**Rent or Security Deposit Receipt**

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04 (1)(m)].

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| --- |
| Name of Renter |
| [ ]  Check here if your landlord will not sign your receipt and attach a copy of your canceled check or a copy of the face of your money order payable to the landlord. |
| **To Be Completed by Landlord or Authorized Representative:**I received $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for [ ]  Rent [ ]  Security Deposit *Amount Received*  |
| For the month of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Month/Year* |
| Signature (by hand) of Landlord or Authorized Representative | Date Signed |

DVR-13814 (R. 11/2003)