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)].

|  |  |
| --- | --- |
| 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)