City of Milwaukee

CITY OF MILWAUKEE
RESIDENTS PREFERENCE PROGRAM (RPP)
EMPLOYEE AFFIDAVIT

FORM I
(Rev 7/2026)

CHANGE OF ADDRESS ONLY

I. ATTESTATION

I, _____, (*print name*) certify that I maintain my permanent residence in the City of Milwaukee and that I vote, pay personal income tax, have State of Wisconsin-issued identification, etc. at

_____ (*address*), Milwaukee, WI _____(*zip code*).

II. RESIDENCY STATUS

To verify my resident status, attached please find the following (check ***two***):

_____ Copy of my voter's certification form.
_____ Copy of my last year's Form 1040.
_____ Copy of my current Wisconsin Driver's License or State ID.
_____ Copy of Other current documents (i.e., Utility bill, Lease agreement, etc.) (**dated within the last 3-4 months**)

III. WORK HISTORY

Skills: _____

Certification(s): _____

Field(s) of interest: _____

Most recent job title: _____ Most recent hourly rate: $_____

Years of work experience: _____ Date last employed: _____

Subscribed and sworn to me this _____ day

of _____ , _____A.D.

My Commission Expires_____.

_____
Notary Public Milwaukee County

(Seal)

_____
Print Name

_____
Social Security Number

_____
Phone Number

_____
E-mail

_____
Signature Date

please return completed form and required attachments to:
Pachia Vue | DPW Contract Office | 841 N Broadway – Room 506 | Milwaukee, WI 53202 | pvue@milwaukee.gov