STATE OF WISCONSIN CIRCUIT COURT WAUKESHA COUNTY

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

     ,

Plaintiff(s),

vs. CASE #

     ,

Defendant(s).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**AFFIDAVIT OF DAMAGES**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STATE OF WISCONSIN )

)ss

WAUKESHA COUNTY )

The undersigned, being first sworn on oath, deposes and says:

1. I am an adult resident of the State of Wisconsin and makes this affidavit upon personal knowledge.
2. I am claiming lost rents in the amount of      , which is comprised of      months of rent at a rate of       per month. Attached is a true and correct copy of the lease.
3. I am claiming late fees in the amount of      , which is comprised on       months of late fees at a rate of       per month. Attached is a true and correct copy of the lease.
4. I am claiming double rent under Wis. Stat. § 704.27 in the amount of      , which was calculated as follows: Daily rent in the month of       was      , and tenant held over for       days in said month, for a total of      . If tenant held over for multiple months, please calculate as set forth above:
5. I am claiming the following cleaning and/or repair costs, and attached are true and correct copies of the photographs, invoices, and proofs of payments :
6. I mailed a copy of this Affidavit of Damages via regular mail on       to the tenant(s) last known address, which is      .
7. The TOTAL damages equal $      minus the SECURITY DEPOSIT equals $     .

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| --- | --- |
| Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Subscribed and sworn to before me on | Landlord or Agent of Landlord |
| this \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_. | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Notary Public State of Wisconsin | |
| My Commission expires \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |