# Cheyenne Housing Authority

**Community Service Log and Verification**
**CSSR 6**

Participant Name:_____ Head of Household Name:_____

Last 4 of SS#:_____

| Month & Year | # of Hours Completed | Name of Organization | Organization Contact Name | Contact Name Phone # | Signature of Contact Verifying Hours Served |
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The undersigned hereby represents that all of the information provided is true and complete and authorize the Cheyenne Housing Authority to obtain information from any source to verify information provided.

Participant Signature and Date:

FOR OFFICE USE ONLY:
Verified by CHA
Staff:_____ Date:_____

Mailing Address: PO Box 20046, Cheyenne, WY 82003
3304 SHERIDAN ST. / CHEYENNE, WY 82009 / PH. 307-633-8333 / FAX 307-637-4663
For TTY assistance call 1-800-877-9965 / FAX 307-633-8315 (Housing Dept ) www.cheyennehousing.org
Updated: November 2022