

# Cheyenne Housing Authority

## Document Verification

I, \_\_\_\_\_ give consent to

(Employer) \_\_\_\_\_ to release information regarding my income and/or employment status to the Cheyenne Housing Authority.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employer: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Phone/Fax Number: \_\_\_\_\_

Contact Email: \_\_\_\_\_

HEAD OF HOUSEHOLD NAME: \_\_\_\_\_

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### Verification Received:

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_ Other: \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Specialist: \_\_\_\_\_

See Attached Documents: ☐



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

