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:_____________________________________

_ _

Verification Received:

Phone:☐ Fax:☐ Email:☐ Other:____________________

Notes:____

____

____

Specialist:____

See Attached Documents:☐

EQUAL HOUSING OPPORTUNITY