

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: ☐



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For TTY assistance call 1-800-877-9965 / FAX 307-633-8315 (Housing Dept.)
www.cheyennehousing.org