Cheyenne Housing Authority

LANDLORD REFERENCE VERIFICATION FORM

To:			
Landlord Name, Email or Fax	or mailing address for pers	son providing landlord	reference.
]	has requested the Cheyenn	e Housing Authority c	ontact you in order to help us
determine whether he/she can f	fulfill the terms of the lease	for property owned a	nd/or managed by the Cheyenne
Housing Authority.			
Please return this form via Fax questions regarding this reques			Should you have any
1. Are you a relative or friend of	the applicant? If ye	es, please describe the re	elationship:
2. What was the address where the			
3. What dates did the applicant re	eside in your unit?		
			was this a repeated occurrence?
5. Did the applicant ever issue a			
6. Does the applicant owe any pa		ages, utilities etc.?	
			If yes, did they contribute or were
	_		ssary:
8. Did the applicant comply with	the lease agreement?	If no, please explain	n:
9. Was the applicant's lease term	inated? If yes, plea	ase explain:	
10.Was the applicant evicted or u	under any eviction process?_	If yes, please of	explain:
11.If the applicant has vacated the describe the condition of how the		_	ndition? If no, please
12.Did the applicant give proper 13.Would you rent to the applica	_		
Thank you for completing this in	formation. Please feel free to	provide any other info	rmation you think necessary:
L andlord Signature	Phone #		Date

Please return no later than [DATE]. Thank you.