

Cheyenne Housing Authority

CHARACTER REFERENCE

VERIFICATION FORM

To: _____
Character Reference Name, Email or Fax or mailing address for person providing character reference.

_____ has requested the Cheyenne Housing Authority contact you in order to help us determine whether he/she can fulfill the terms of the lease for property owned and/or managed by the Cheyenne Housing Authority.

Please return this form via Fax 307-633-8315, Attn: **Pam Smith** or email to **psmith@cheyennehousing.org** Should you have any questions regarding this request, please call **(307) 633-8332**.

Please briefly describe your relationship and/or involvement with the above-named applicant(s): _____

If you represent an agency please indicate the name, address and phone number of the agency: _____

How long have you known/been involved with the applicant? _____

In your best professional opinion, if a lease is executed between the CHA and the applicant(s), will the following requirements be adhered to? _____ YES or NO

Lease compliance includes but is not limited to:

Keeping the unit clean, sanitary and safe	Avoiding destruction of property	Managing finances/paying rent on time
Paying utility expenses on time	Responding to mail	Reporting income/status changes
Following appropriate rules	Not disturbing the neighbors	Avoiding criminal activity

Please indicate any concerns you may have: _____

Name, Signature and Title of person completing this form: _____

Date: _____ Phone Number: _____

APPLICANT(s) RELEASE: I hereby authorize the release of the information requested on this form.

Signature _____ Date _____

Signature _____ Date _____



3304 Sheridan St./ Cheyenne, WY 82009/PH 307-634-7947/Housing Dept FAX 307-633-8315
For TTY assistance call 1-800-877-9965/www.cheyennehousing.org

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