

Cheyenne Housing Authority

LANDLORD REFERENCE

VERIFICATION FORM

To: _____
Landlord Name, Email or Fax or mailing address for person providing landlord 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 psmithB ej g{ gppgj qwuipi qt i "Should you have any questions regarding this request, please call 529/855/: 532.

1. Are you a relative or friend of the applicant? _____ If yes, please describe the relationship: _____
2. What was the address where the applicant resided? _____
3. What dates did the applicant reside in your unit? _____
4. What was the monthly rent? _____ Was the rent ever paid late? _____ If yes, was this a repeated occurrence? _____
5. Did the applicant ever issue a check that was returned "Insufficient Funds"? _____ If yes, how often? _____
6. Does the applicant owe any past due amounts for rent, damages, utilities etc? _____
 If yes, how much? _____ Is there a repayment agreement in place? _____
7. Were there any other adult household members responsible for the unit? _____ If yes, did they contribute or were they the cause of any violations of the lease agreement? _____
 Please explain if necessary: _____
8. Did the applicant comply with the lease agreement? _____ If no, please explain: _____
9. Was the applicant's lease terminated? _____ If yes, please explain: _____
10. Was the applicant evicted or under any eviction process? _____ If yes, please explain: _____
11. If the applicant has vacated the property, was the property left in an acceptable condition? _____ If no, please describe the condition of how the property was left? _____
12. Did the applicant give proper notice before vacating the unit? _____
13. Would you rent to the applicant again? _____ If no, please explain: _____

Thank you for completing this information. Please feel free to provide any other information you think necessary: _____

 Landlord Signature Phone # Date

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