

# 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: **Janelle Moye** or email to **[jmoye@cheyennehousing.org](mailto:jmoye@cheyennehousing.org)** Should you have any questions regarding this request, please call **(307) 633-8336**.

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

CHA Approved 10-2017