

Cheyenne Housing Authority

Preliminary

Application for Housing Assistance

(Updated: March 2025)

This Preliminary Application is used to determine initial program eligibility and to place you on the appropriate waiting lists. When your name comes up on a waiting list, you will be asked to provide additional information to determine final program eligibility, suitability and to calculate your portion of the rent. Please inform the Cheyenne Housing Authority if you need assistance completing this application and/or if you have a legal guardian other than someone listed as a household member.

PLEASE PRINT CLEARLY

Head of Household Name: _____
Last First MI

Physical Address City State ZIP

Mailing Address (If different than physical address) City State ZIP

Phone Number(s) E-mail Address (Optional)

Please note: It is the applicant's responsibility to immediately notify the CHA in writing if their mailing address changes. If any mail sent to the applicant is returned to the CHA, the applicant will be dropped from all waiting lists.

List all members of your family that **will be living** with you and provide the requested information.

INCLUDE YOURSELF If expecting, list child with estimated due date.

NAME	DATE OF BIRTH	AGE	SEX	RELATIONSHIP TO HEAD	DISABLED Y OR N	RACE/ETHNICITY	SOCIAL SECURITY #	STUDENT Yes OR No
YOURSELF				HEAD	Y N	/		Y N
					Y N	/		Y N
					Y N	/		Y N
					Y N	/		Y N
					Y N	/		Y N
					Y N	/		Y N

RACE - 1. WHITE 2. BLACK 3. AMERICAN INDIAN/ALASKAN NATIVE
4. ASIAN 5. HAWAIIAN/PACIFIC ISLANDER 6. MIXED 7. OTHER

ETHNICITY - 1. HISPANIC OR LATINO 2. NOT-HISPANIC OR LATINO

Date & Time Application Received by the CHA



Mailing Address: PO Box 20046, Cheyenne, WY 82003
3304 SHERIDAN ST. / CHEYENNE, WY 82009 / PH. 307-633-8333 / FAX 307-637-4663
For TTY assistance call 1-800-877-9965 / FAX 307-633-8315 (Housing Dept.) www.cheyennehousing.org



Cheyenne Housing Authority

Are you or any member of the household subject to any lifetime sex offender registration requirement in any state:

Yes _____ No _____

If yes, please provide the name of the household member: _____

Family **Income** Information: Please list the source and amount of all current income received by all family members, including yourself. This will include but is not limited to all earnings and benefits received from POWER/TANF, VA, Social Security, SSI, SSDI, Unemployment, Worker's Compensation, Child Support, etc.

Family Member Name	Income Source	Gross Monthly Amount

Family **Asset** Information: Please list the source and current value of all assets for all family members, including yourself. This will include but is not limited to any assets such as bank accounts, stocks, bonds, retirement accounts investments, etc.

Family Member Name	Asset Source	Current Value of Asset

Has any member of your household disposed of any assets for less than fair market value within the last 2 years?

☐ YES ☐ NO If yes, please describe:

Please check **all** program(s) you are **interested in** applying for:

_____ Section 8 Housing Choice Voucher

CHA has jurisdiction in the following service areas:

[Sheridan, Laramie, Laramie County / Cheyenne, Gillette/Wright, Buffalo, Cody/Powell, Lander/Riverton, Rawlins]

_____ Indian Hills Manor in Cheyenne (1 and 2-br apartments for seniors and/or disabled residents.)

_____ Public Housing* in the City of Cheyenne (1-bedroom apartments for seniors and/or disabled residents)
(2-5 bedroom single family units available for qualified families)

_____ Public Housing* in the City of Laramie (2, 3 and 4 bedrooms)

_____ Pine Bluffs (1-bedroom apartments located in Pine Bluffs for seniors and/or disabled residents.)

**Public Housing – housing managed and maintained by the Cheyenne Housing Authority.



Cheyenne Housing Authority

If you are a homeless veteran, you may qualify for Veterans Affairs Supportive Housing (VASH). For further information please ask for the VASH Specialist at CHA or call the Veterans Administration at 307-778-7550 and dial extension 7349 and ask to speak to the walk-in case manager of the day.

Please note:

- 1. A background check will be conducted on all household members age 18 years of age or older at the time of final application. A criminal history may or may not be a reason for denial of housing assistance. Failure to disclose any criminal activity requested at the time of final application will result in the denial of your application for housing assistance. The Cheyenne Housing Authority may give consideration to other circumstances relevant to the decision to provide or deny housing assistance.*
- 2. Housing assistance will be denied to any household member who has ever been convicted of drug-related criminal activity for manufacture or production of methamphetamine on the premises of federally assisted housing or if any household member is subject to a lifetime registration requirement under any state's sex offender registration program.*
- 3. Housing assistance may be denied if any adult member(s) of the household has been terminated from, evicted from or currently owes any money to any Housing Authority or subsidized housing development.*

If you or anyone in your family is a person with disabilities and you require a specific accommodation in order to fully utilize our programs and services, please contact the Cheyenne Housing Authority.

PREFERENCES CERTIFICATION: *The CHA will select applicants based on preferences. After preferences are considered, selection will be based on date and time of application.*



My Household contains a member that is elderly or disabled or has a dependent **AND** all types of households must contain a member that resides, works in, or is hired to work in the Cheyenne Housing Authority service area.

Elderly: Elderly means over the age of 62.

Disabled: A substantial limitation in a major life activity as described in The Americans with Disabilities Act of 1990 (ADA)

Families with dependents who reside, work or hired to work in the CHA service area: A *dependent* is a family member who is under 18 years of age or a person of any age who is a person with a disability or a full-time student, except that the following persons can never be dependents: the head of household, spouse, cohead, foster children/adults and live-in aides.

All preferences must be documented by evidence, which must include verification by a reputable and professional third party.
Verification will be required during the eligibility process



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Accessible Unit: Accessible units will be first offered to families who may benefit from the accessible features. Applicants for these units will be selected utilizing the same preference system as outlined above. If there are no applicants who would benefit from the accessible features, the units will be offered to other applicants in the order that their names come to the top of the waiting list.

Please describe what accessible features you need:

APPLICANT CERTIFICATION: *The undersigned hereby represents that all of the information provided in this preliminary application are true and complete and hereby authorizes the Cheyenne Housing Authority to obtain information from any source to verify information provided. **Failure to fully complete the preliminary application entitles the Cheyenne Housing Authority to reject this application.** False or incomplete information given above will result in the Cheyenne Housing Authority (1) rejecting this application and/or (2) terminating assistance/tenancy if false or incomplete information is discovered after occupancy or assistance begins. Applicant(s) would be required to repay the CHA for any assistance provided based upon false or incomplete information provided by the applicant(s).*

Applicant's Signature and Date

Spouse/Co-Tenant Signature and Date

Anyone Over 18 years of Age Signature(s) and Date

Guardian's Signature (If Applicable) and Date

