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: Elizabeth or email to EPeralta@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:

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

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 __SEE ATTACHED____________ Date___________________________

Signature_________________________ Date___________________________

CHA Approved 10-2017