

# 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: Elizabeth or email to EPeraltaB ej g{ gppgj qwłpi 0qi "Should you have any questions regarding this request, please call 529/855/: 536.**

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**