



# ARCON HOUSING ASSOCIATION

12 Lloyd Street, Manchester M2 5ND Telephone 0161 214 4120

Email: [waitinglist@arcon.org.uk](mailto:waitinglist@arcon.org.uk)

**Reference provider must complete all sections**

## REFERENCE (non-landlord)

WE DO NOT ACCEPT REFERENCES FROM FRIENDS OR FAMILY MEMBERS  
THERE IS LIST OF ACCEPTED REFEREES ON THE BACK OF THIS FORM

### Applicant's Details

Applicant's Name

Applicant's Address

### Referee's Details

Referee's Name

Referee's Address

Referee's Telephone Number

Referee's Email Address

How long have you known the applicant?

How do you know the applicant?

Name of company / organisation

Do you think he/she would make a suitable tenant for one of our properties?

## RETURN TO THE APPLICANT OR ARCON HOUSING ASSOCIATION

DECLARATION: I confirm that the above information is correct and to the best of my knowledge. I understand that the validity of this reference may be checked.

Signed

Print Name

Date

Please stamp with your official stamp or attach a compliment slip or letterhead.  
If you do not have a stamp or letterhead, make sure you give us your telephone number.

# List of Suggested Referees

Former Landlord  
Current Employer  
Former Employer  
Probation Officer  
Support worker/Social worker  
Health Visitor  
Member of the Police Force  
Doctor/Nurse/Therapist  
Teacher/Lecturer  
Voluntary Worker  
Arcon Housing Association Tenant  
Local government Officer  
Civil Servant  
Councillor/MP  
Work experience  
Hostel Accommodation Officer  
Bank  
Clergy  
Solicitor  
Community Worker  
Church Officer