



12 Lloyd Street
Manchester
M2 5ND

Tel : 0161 214 4120
Fax : 0161 214 4121

REFERENCE (non-Landlord)

This section to be completed by applicant only:

APPLICANT NAME : _____

ADDRESS : _____

I authorise Arcon Housing Association to make enquiries concerning my suitability as a tenant

Signed : _____ Date : _____

REFEREE NAME :

ADDRESS :

How long have you known the applicant?

_____ (yrs)

In what capacity do you know the applicant :

Employer (current)

Employer (former)

Teacher/Lecturer

Social Worker

Church Officer

Community Worker

Solicitor

Doctor

Please state name of company / Organisation _____

WE DO NOT ACCEPT REFERENCES FROM FRIENDS OR FAMILY MEMBERS

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

YES

NO

Additional information : _____

DECLARATION

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

Signed : _____ Print Name : _____ Date : _____

Please provide company stamp or attach letter head.

PLEASE RETURN THE REFERENCE DIRECTLY TO THE APPLICANT