

Reference Request (Non Landlord)

Please read these notes and sign Part A before passing to your Referee to complete Part B.

- 1. We ask applicants for references to help to protect you and the community where you wish to live from irresponsible tenants.
- 2. This reference can be from :
 - A current or previous employer
 - A Doctor, Church Official, Community Representative, or any other professional person who has known you for at least a year.

• A tenant of St Vincent's Housing Association, but not a family member

Please note that a second reference should be from a current or previous landlord.

If you have never had a tenancy please provide both references from the above list.

<u>PART A</u>

Please sign here to give your permission for the Referee to supply us with a reference.

Your Name	: (Please Print)	Signature:
Date:		
Your Addres	SS:	

PART B

THIS SECTION TO BE COMPLETED BY THE REFEREE

Refere	e's Name	:									
Referee's Address :											
Tel No		:									
1.	How long hav	e you k	nown th	e applicant	?	[]у	ears			
2.	How do you know the applicant? (Please Tick)										
	Employer	[]	Teacher / T	Futor	[]	Doctor []		
	Tenant of St \	/incent'	s Housi	ng Associat	ion	[]				
	Other (Please give details)										
3.	Do you know of any reason why the applicant should not be offered a tenancy? Yes [] No [] (<i>If yes, please give further details</i>)										
4. If you would like to add anything further please write in this space.											
	Signature					Date					
Thank	you for taking	the time	e to com	plete this fo	orm.						
	SE RETURN DON AS POS			O THE AF	PLICANT	ORE	DIRE	CTLY TO OU	RSELVES		

Please return this form to, St Vincent's Housing Association Ltd, 1st Floor, Metropolitan House, 20 Brindley Road, Old Trafford, M16 9HQ

Tel. No. 0161 772 2120 Fax No. 0161 772 2121