



ARCON HOUSING ASSOCIATION

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

Email: 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