



Head Office
The Rurals
1 Parker Court
Dyson Way
Staffordshire Technology Park
Beaconside
Stafford ST18 0WP

Contact	Housing Choices
Direct Dial	0800 111 4554
Fax	08704869973
Ref	References
UPIN	
Email	housingchoices@sarh.co.uk
Date	

Dear Sir or Madam

Private & Confidential

Reference Request for

Name

Address

D.O.B.

The person above has applied to Stafford & Rural Homes for accommodation. To help us to assess their suitability to hold a tenancy with Stafford & Rural Homes and to identify any support that may be needed, we ask applicants to provide references.

Please could you complete the attached questionnaire and return it to the Housing Choices Team, at the address above, as soon possible.

Thank you for your assistance.

Yours sincerely

Housing Choices Team

Reference Request for:
Name
Address
D.O.B.

During employment were there any issues relating to:	No	Yes – Please give details
Theft/Fraud		
Violence or Aggressive behaviour		
Damage to property		
Harassment or discrimination to others		
Difficulties with communication skills		

If your organisation no longer employs the person, please give the reason for the termination of employment contract.

<p>Data Protection Act 1998</p> <p>Use of Information</p> <p>I am content for Stafford and Rural Homes to:</p> <p><input type="checkbox"/> Store this information on its systems and use it to deliver any services; and</p> <p><input type="checkbox"/> Disclose information to those organisations it works with, only where it is necessary for the services the applicant needs or wants, or where required to disclose by law.</p> <p><u>I declare that the information given is a true and accurate record</u></p> <p>Signed _____ Date _____</p> <p>Print Name _____ Telephone No _____</p> <p>Organisation _____</p> <p>Address _____</p>

Reference Request for:

Name

Address

D.O.B.

How long have you known the applicant? _____

In what capacity do you know the applicant? _____

Support Need	Unknown	No	Yes – Please comment
Has the applicant held his or her own tenancy before?			
Has the applicant ever damaged a property?			
Has the applicant been evicted from a property before?			
Do you think the applicant would need assistance in: paying rent, paying bills, benefit applications?			
Has the applicant any medical conditions we need to be aware of?			
Does the applicant need any assistance with reading and writing?			
Has the applicant any issues with isolation or loneliness?			
Has the applicant any difficulties with communication skills?			
Has the applicant any history of violence or aggression or drugs or alcohol?			
Has the applicant any history of arson?			

Please give any additional information relevant to the applicant

Do you think this person would be a suitable tenant?

Yes

No

Any other comments?

Data Protection Act 1998

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Signed _____ Date _____

Print Name _____ Telephone No _____

Organisation _____

Address _____

Reference Request for

Name

Address

D.O.B.

Tenancy address _____

Tenancy date: from _____ to _____

During this time were there any issues regarding:

Rent Arrears?

No

Yes Amount £ _____

Has the applicant been subject to a Court Order?

No

Yes If Yes, is the order still current? No Yes

Has there been any damage to the property/fixtures and fittings?

No

Yes – Cost £ _____

Please describe the nature of the damage

Did the tenant make good the repairs at the end of the tenancy?

No

Yes

Have there ever been any complaints, written or verbal, from other residents about the conduct of this tenant or any member of their family, or visitors to this address?

No

Yes – Please give details

Has the applicant ever been the subject of an injunction or given an undertaking to the court because of allegations of anti-social behaviour or neighbour nuisance?

- No
 Yes – Please give details

Did the tenant breach any other forms of their tenancy agreement?

- No
 Yes – Please describe the circumstances

Any other comments?

Would you recommend this person as a suitable tenant?

- No
 Yes

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Signed _____ Date _____

Print Name _____ Telephone No _____

Organisation _____

Address _____

Non-Landlord Reference

Reference Request for Name
Address
D.O.B.

Referee Name _____

Address _____

How long have you known the applicant? _____ years

In what capacity do you know the applicant?

Teacher/Lecturer Social Worker Community Worker

Solicitor Doctor

Other, please specify _____

PLEASE NOTE THAT WE DO NOT ACCEPT REFERENCES FROM FRIENDS OR FAMILY MEMBERS

Would you recommend this person as a suitable tenant? Yes No

Any other comments?

Data Protection Act 1998

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I declare that the information given is a true and accurate record

Signed _____ Date _____

Print Name _____ Telephone No _____

Organisation _____

Address _____