



Keewatin Housing Association Inc. / Authority

107-23 Nickel Road
Thompson, MB R8N 0Y4
Phone: (204) 677-2341
Fax: (204) 677- 0255

PERSONAL REFERENCE CHECK FORM

References Name _____ Phone # _____

Applicant's Name _____

Address _____ Phone # _____

Check Done By _____ Date _____

1. What is your relationship to the Applicant?

2. How long have you known the Applicant?

3. Is the Applicant able to follow set regulations?

4. Is the Applicant reliable? I.e. report concerns, damages, etc.

5. Does the Applicant keep their present home in clean condition and not allow odors to accumulate?

If no, describe:

6. Does the Applicant have any limitations that may affect him/her in properly caring for the unit?

If yes, describe:

7. If you had the choice, would you rent to the Applicant?

8. Additional comments
