



Keewatin Housing Association Inc./ Authority

102-83 Churchill Drive
Thompson, MB R8N 0L6
Ph: (204) 677 – 2341
Fax: (204) 677- 0255

LANDLORD REFERENCE CHECK FORM

Application Number: _____	Agency/Landlord Name: _____
Applicant Name: _____	Phone Number: _____
Completed By: _____	Positive Reference: <input type="checkbox"/> No <input type="checkbox"/> Yes

Address: _____

How long was/is the length of tenancy? From: _____ To: _____

How much was/is the tenant’s rent? \$ _____ Was/is the rent paid in full? ☐ Yes ☐ No ☐ E/A Direct Payment

How often did/does the tenant pay rent late?
☐ Constantly ☐ Occasionally ☐ Never

Was/is there a history of NSF cheques?
☐ No ☐ Yes ☐ If yes, how often? _____ times

Were/are there outstanding rental arrears?
☐ No ☐ Yes If yes, what is/was the amount for? Rent:\$ _____ Damages:\$ _____

Has the tenant made efforts to repay the amount owing? ☐ No ☐ Yes Outstanding Balance:\$ _____

Were/are there any nuisance/disturbance issues? ☐ No ☐ Yes

If yes, what was the nature of these disturbances? _____ How often? _____

Was there any police involvement? ☐ No ☐ Yes

Did the tenant provide proper notice prior to vacating? ☐ No ☐ Yes ☐ Still Lives There

How much notice was/is the tenant required to give the landlord prior to vacating? _____ Months

What was/is the condition of the unit the tenant occupied? ☐ Good
 ☐ Fair
 ☐ Fair (but requires more cleaning)
 ☐ Repairs & Damages in the amount of \$ _____
 ☐ Still lives there
 ☐ Unknown

Was this tenant ever served a Notice of Termination? ☐ No ☐ Yes

If yes, what was the notice for?
 ☐ Non-payment of Rent
 ☐ Damages/Cleaning
 ☐ Nuisance/Disturbance
 ☐ Other, please explain _____

Would you rent to this tenant again? ☐ No ☐ Yes

If No, Why? _____

Comments: _____