

**LANDLORD REFERENCE FORM**

**Instructions: Fill in Section A. Sign at Section C. Forward to your previous landlord and have him/her complete Section B. Return completed form to Battleford / North Battleford Housing Authority at: #102 1191 99<sup>th</sup> Street; or fax to: 306-446-1277.**

*Section A*

**Name of Tenant(s)** #1 \_\_\_\_\_ #2 \_\_\_\_\_  
**Former Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_  
**Postal Code:** \_\_\_\_\_

*Section B (to be completed by former Landlord)*

**Length of Tenancy:** From \_\_\_\_\_ To \_\_\_\_\_

**Number of Occupants:** Adults \_\_\_\_\_ Children \_\_\_\_\_

**COMPLAINTS:** ( ) Yes ( ) No  
If YES, How many? \_\_\_\_\_ What type? \_\_\_\_\_

**LEASE VIOLATION NOTICES:** ( ) Yes ( ) No If YES, what type? \_\_\_\_\_

**NOTICE TO VACATE:** ( ) Proper Notice Given ( ) Improper Notice Given ( ) Eviction  
( ) Other: \_\_\_\_\_

**DAMAGE DEPOSIT:** ( ) Returned ( ) Not returned Details: \_\_\_\_\_

**Outstanding Balance upon Vacating:** ( ) Yes ( ) No Details: \_\_\_\_\_

**Other Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I certify that the above is true and correct.**

\_\_\_\_\_  
Signature of Landlord

\_\_\_\_\_  
Printed name of Landlord

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/Province

\_\_\_\_\_  
Postal Code

\_\_\_\_\_  
Phone Number (daytime) / (evening)

\_\_\_\_\_  
Date

*Section C*

**I authorize the release of the above landlord reference information to Battleford / North Battleford Housing Authority.**

\_\_\_\_\_  
Signature of Tenant

\_\_\_\_\_  
Signature of Tenant

**All information listed is subject to verification by the housing authority.**