



The Battlefords Housing Authority
831 104th Street
North Battleford, SK S9A 4B2
Phone: 306-445-4393 Fax: 306-446-1277
Email: battlefords@housingauthoritiesk.com

RENTAL REFERENCE FORM

TO BE COMPLETED BY THE APPLICANT

NAME: _____ **RENTAL ADDRESS:** _____
(Please Print)

- Current Landlord**
 Previous Landlord

The above applicant has applied for housing with The Battlefords Housing Authority. As part of the application process a landlord reference is required. Please complete the following form and return it to applicant. The Battlefords Housing Authority reserves the right to contact the landlord to verify all information is true and correct.

I hereby authorize _____ to disclose information
(Name of Landlord or Rental Agency)
regarding my tenancy at the above address to The Battlefords Housing Authority.

Date Signed

Applicant's Signature

TO BE COMPLETED BY THE LANDLORD

Tenancy from _____ to _____

Monthly Rent Payable: _____

Utilities included with Rent:

- Energy
 Water
 Power

Rental Payments:

- Pays consistently on or before the 1st of month
 Pays usually on or before the 1st of the month
 Pays usually on or before the 5th of the month
 Pays usually before the 15th of the month
 Pays balance of rent by the 20th of month
 Always Late
 Other _____
 Tenant calls to make/discuss payment arrangements when necessary

of late rent notices on file: _____

of evictions due to Non-Payment of Rent: _____

Arrears outstanding to date: _____

(OVER)

Unit Maintenance

- Excellent
- Good
- Fair
- Poor
- Unknown/not noted in file

Yard Maintenance

- Good
- Poor
- Not Applicable

Complaints/Tenancy Problems

- Have bed bugs currently – Yes or No Have had bed bugs in the past - Yes or No
- Pet on premises when not allowed
- Others living in the unit when not on the Lease Agreement
- Noise/Disturbance/Illegal Activity _____ # of Complaints _____
- Unit kept in poor condition and/or damages done to unit
- Other _____

Gave proper notice?

- Yes
- No

Balance owing upon Vacating:

Rent Outstanding: _____ Damages: _____ Cleaning: _____

General Comments:

Security Deposit:

- Was returned in full
- Partially returned: Explain: _____
- Not returned

Stamp of Rental Agency (if applicable)

Name

Signature

Daytime Phone #