

Sheffield City Council

Reference Form

Please pass this form to your landlord to complete.

Section 1 - Applicant's Details

Please complete the below details for the person whom you are giving a reference. Please give as many details as possible. Please enter 'N/A' if you do not know the information.

Name:		D.O.B:	
Current Address:			
Postcode:		Telephone Number:	

Section 2 – Previous Tenancy Reference

Please answer the below questions as accurately as possible. If a question is not relevant, or you are unsure of how to respond, please leave it blank or enter 'N/A'.

1. Previous (or current) tenancy type			
Is the applicant a Housing Association tenant with an assured tenancy?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
Is the applicant a Housing Association tenant with an assured shorthold tenancy?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
Is the applicant a secure tenant moving from another local authority?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
Is the applicant an introductory tenant moving from another local authority?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
Is the applicant privately renting?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
2. Tenancy Start Date			

3. Has the applicant been evicted by you or your organisation?

YES <input type="checkbox"/>	NO <input type="checkbox"/>
-------------------------------------	------------------------------------

If **YES** please state on what grounds:

--

4. In the last 12 months, has the applicant been subject to an injunction or court order in relation to their tenancy with you?

YES (Please give details) <input type="checkbox"/>	NO <input type="checkbox"/>
-----------------------------------------------------------	------------------------------------

--

5. Has the applicant been subject to a Notice of Intent to Seek Possession in the previous 12 months on grounds other than rent arrears?

YES <input type="checkbox"/>	NO <input type="checkbox"/>
-------------------------------------	------------------------------------

If **YES** please state on what grounds:

--

6. Have you received complaints from two or more neighbours of noise or other nuisance caused by the applicant or a member of their household in the previous 12 months?

YES (Please give details) <input type="checkbox"/>	NO <input type="checkbox"/>
-----------------------------------------------------------	------------------------------------

--

7. Has the applicant or a member of their household ever been violent or threatened violence towards you or a member of your staff?

YES (Please give details)

NO

--

8. Has the applicant maintained the property to a good standard?

YES

NO (Please give details)

--

9. If you have answered **NO** to Question 6, are any rechargeable repairs outstanding?

YES (Please state amount and give details)

£

NO

--

10. Has the applicant maintained their rent account well? If any rent arrears are outstanding, please detail these below.			
Current	YES <input type="checkbox"/>	NO <input type="checkbox"/>	£
Former	YES <input type="checkbox"/>	NO <input type="checkbox"/>	£
Net Rent	£		

11. If you have answered NO to Question 8, Are you able to say for definite if any arrears are Housing Benefit/Universal Credit related?			
Current	YES <input type="checkbox"/>	NO <input type="checkbox"/>	£
Former	YES <input type="checkbox"/>	NO <input type="checkbox"/>	£

12. If you have answered NO to Question 8, has the applicant made regular payments to substantially reduce their arrears?	
YES (Please give details) <input type="checkbox"/>	NO <input type="checkbox"/>

13. If you have answered NO to Question 8, have you had to refer the applicant to a Debt Collection Agency?	
YES (Please give details) <input type="checkbox"/>	NO <input type="checkbox"/>

14. Would you be happy to accept the applicant for a tenancy in the future? Please give details.	
YES <input type="checkbox"/>	NO <input type="checkbox"/>

15. If you have any further comments or information which you feel is relevant, please enter these below:

--

Section 3 - Contact Details

Please provide your contact details below. We may need contact you in relation to the information provided within this reference. We will not share your details with any other person or organisation.

Your Name:	
Organisation:	
Relationship to Applicant:	
Address:	
Post Code:	
Telephone Number:	

Email Address:			
Signed:		Date:	