



**Blackpool Coastal  
Housing**



## Character Reference

Details of the Person Applying for Housing			
Name		DOB	
Current Address			
Contact Number			
Application Number			

Details of the Person Acting as a Referee	
Name	
Job Title	
Company Address	
Contact Number	

In what capacity do you know the applicant?			
Social Worker		Civil Servant	
Support Worker		Solicitor	
Justice of the Peace			
Other (please provide details)			
<i>Please note: references will not be accepted from family, friends, doctors or local shop owners.</i>			

How long have you know the applicant?	
Years:	Months:
<i>Please note: Referees should only complete this form if they have known the applicant for a minimum of 6 months</i>	
How has the applicant conducted themselves during your dealings with them?	
<i>For example: have they arrived on time for their appointments? Have you found them to be polite and courteous? Have you ever felt threatened or intimidated by them?</i>	



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Are you aware of any risks associated with the applicant?	
Yes	No
If Yes please provide more details:	
<i>For example: two workers, no female workers, risk to children.</i>	

Will you continue to provide support to the applicant once they have been housed?	
Yes	No
If Yes please provide more details:	
If No, do you feel the applicant will require any additional support to sustain this tenancy?	

Please provide any further details you would like us to consider.

<b>Signed</b>	
<b>Dated</b>	

<b>Company stamp:</b> (if there is no stamp attach compliment slip if available)