

**Sault Tribe Housing Authority**  
**154 Parkside Drive**  
**Kincheloe, Michigan 49788**  
**(906) 495-1450**  
**1 (800) 794-4072**

Personal Reference Questionnaire

Dear Sir/Madam,

\_\_\_\_\_ have applied for housing with the Sault Tribe Housing Authority. Please complete the following questions to the best of your ability. This information will be used to help determine the families' eligibility for housing program.

- 1 How long, and in what capacity have you know the applicant(s)? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 2 Are you related to the applicant(s)? If yes, what is your relationship? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 3 How would you rate the applicant(s) housekeeping skills? Excellent, Good, Fair or Poor. Please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 4 Are you aware of any problems affecting the applicant(s) such as substance abuse, violence (including domestic), neighborhood disturbances, etc.? Please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 5 Please give an overall character description on the above applicant(s) and why you believe they should be considered for housing. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Continued on the other side.....

6 Please add any additional comments or concerns. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please print your name: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Thank you for your time. Please feel free to contact us with any questions or concerns.

Occupancy Specialist  
Sault Tribe Housing Authority  
154 Parkside Drive  
Kincheloe, MI 49788  
906-495-1450  
1-800-794-4072

**\*Sault Tribe Housing Authority is unable to accept personal references from family members/relatives. Acceptable references can be accepted from co-workers, neighbors, friends, social workers etc.**