



CAMPONI HOUSING CORP.  
SASKNATIVE RENTALS INC.  
LA MAISON MAMAWE - ATOSKETAK INC.

• **SERVING THE METIS HOUSING NEEDS OF SASKATOON** •

1715 11TH STREET WEST SASKATOON, SK. S7M 1H8 PHONE: (306) 653-0384 FAX: (306) 653-0394

**LANDLORD REFERENCE**

(Rental Agency to complete and sign)

**Tenant/Client:**

Name(s): \_\_\_\_\_ / \_\_\_\_\_

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

City/town: \_\_\_\_\_ Province: \_\_\_\_\_

**Tenant Rental Information:**

Number of bedrooms in unit: bachelor, one, two, three, four, five plus

Number of occupants: Adults \_\_\_\_\_ Children \_\_\_\_\_

Tenancy: From D \_\_\_\_\_ M \_\_\_\_\_ Y \_\_\_\_\_ to D \_\_\_\_\_ M \_\_\_\_\_ Y \_\_\_\_\_

- Monthly Rent Charged: \$ \_\_\_\_\_
- Rent payments Excellent Good Poor
- Housekeeping Care Excellent Good Poor
- Yard Care Excellent Good Poor
- Lease Violations/complaints Yes No If yes, what type of violation – noise, disturbance, illegal activity, others residing in unit not listed on lease, damage to unit/yard, other \_\_\_\_\_ . # of violations \_\_\_\_\_.
- Proper Notice Given Yes No
- Damage Deposit Returned Yes No Partial
- Outstanding Balance at move out:  
Rent \$ \_\_\_\_\_ Cleaning \$ \_\_\_\_\_ Damages \$ \_\_\_\_\_

**Landlord Information:**

\_\_\_\_\_  
Rental Agency Name  
(Company Stamp)

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
City / Town/ Prov

\_\_\_\_\_  
Representative Name

\_\_\_\_\_  
Representative Signature