

LESSEE REFERENCES

Date:

Client Name:

Please print all information. Please make sure all names, addresses and phone numbers are complete. A minimum of two references must be family members and all references must reside in Ontario. Please make sure that the references do not reside at the same address as the Lessee or another reference.

NAME:	_____
RELATIONSHIP:	_____
ADDRESS:	_____
PHONE 1:	PHONE 2: _____
COMMENT:	_____
NAME:	_____
RELATIONSHIP:	_____
ADDRESS:	_____
PHONE 1:	PHONE 2: _____
COMMENT:	_____
NAME:	_____
RELATIONSHIP:	_____
ADDRESS:	_____
PHONE 1:	PHONE 2: _____
COMMENT:	_____
NAME:	_____
RELATIONSHIP:	_____
ADDRESS:	_____
PHONE 1:	PHONE 2: _____
COMMENT:	_____