



205 E. Wayne Street, LaGrange, In 46761  
lagrangehabitat.org

Ph.: 260-463-8519

## Personal Reference

\_\_\_\_\_ is being considered for a house with LaGrange County Habitat for Humanity.

Your fair and frank evaluation will be of great service both to the applicant and to us.

How long have you known the applicant? \_\_\_\_\_

How well do you know the applicant? \_\_\_\_\_ casually \_\_\_\_\_ well \_\_\_\_\_ very well

Has this person worked with you? \_\_\_\_\_ no \_\_\_\_\_ yes

Has this person worked for you? \_\_\_\_\_ no \_\_\_\_\_ yes

In what position? \_\_\_\_\_ Dates: from \_\_\_\_\_ to \_\_\_\_\_

Describe his/her services: \_\_\_ satisfactory \_\_\_ usually satisfactory \_\_\_ unsatisfactory

Comments: \_\_\_\_\_  
\_\_\_\_\_

How would you assess the applicant's level of dependability?

What would you consider the applicant's positive personal qualities and strong characteristics?

Please tell us why this family should have a LaGrange County Habitat for Humanity home.

Would you personally be willing to help earn sweat equity for this family? Some ways that friends can help are by working on building sites, helping to prepare food for work days, helping with office clerical work, etc.

Additional comments:

All information will be kept confidential and will not be released to anyone, including the applicant.

Signature: \_\_\_\_\_

Please print or type the following information:

Your name: \_\_\_\_\_ Date: \_\_\_\_\_

Your address: (Street) \_\_\_\_\_

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

Telephone: \_\_\_\_\_ Occupation/Position \_\_\_\_\_

Please return to LaGrange County Habitat for Humanity  
109 E. Central Ave. Suite 1  
LaGrange, IN 46761

If you have any questions about this reference form, please call the LaGrange County Habitat office at 463-8519 for clarification.

Due Date: \_\_\_\_\_

(LaGrange County HFH, Reference Form, 1/22/06)

