

## BEDC DEBT CONSOLIDATION MICRO-LOAN PROGRAMME

### BUSINESS OR PERSONAL REFERENCE

**Applicant:** Please write/type your name on the line below and give this form to a current or former employer, co-worker, or someone who knows you well. The person cannot be related to you.

**To Whom It May Concern**

\_\_\_\_\_ is applying for a BEDC Debt Consolidation Micro-Loan financing instrument to assist his/her small business. As someone who knows the applicant well, please answer the questions below and provide us with information that will help us assist him/her with his/her business needs.

Any additional comments are welcome. Please mail, fax, or deliver this form to the BEDC as soon as possible. We cannot process applications without references. Thank you for your time.

How would you rate the applicant's business qualities in regards to:

Quality/Rating	Excellent	Good	Fair	Poor	Neutral	Additional Comments
Work ethic						
Reliability						
Promptness in completing tasks						
Ability to face challenges						
Responsibility						
Personal integrity and honesty						
Competencies (state skills if appropriate)						

How long have you known the applicant and in what capacity? \_\_\_\_\_

Describe the applicant's overall performance in any capacity in which you have previously worked with him/her.

Other comments:

Do you wish this form to remain confidential?  YES  NO

Signature: \_\_\_\_\_ Name (printed): \_\_\_\_\_  
 Position: \_\_\_\_\_ Date: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_