

# Tenant Referral Form

Your name(s): \_\_\_\_\_ Unit: \_\_\_\_\_

Prospective tenant's name: \_\_\_\_\_ Date: \_\_\_\_\_

Prospective tenant's phone number: (\_\_\_\_) \_\_\_\_\_

Please check one of the following boxes on how you want to be awarded:

- If my referral qualifies and is accepted, I wish to receive a \$100 credit towards my next month's rent.
- If my referral qualifies and is accepted, I wish to receive credit towards my rent due equal to my current month's electric bill. I agree to pay the electric bill myself in full when due. I will provide Cindy or Elvin with the bill once it is paid to get my credit.

*Please give this completed form to Cindy and Elvin*



*Thank You!*

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Extra forms available at Office