

FOR OFFICE USE ONLY
Accepted By:
Process in:

Resident Referral Bonus Request Form

Thank you for your resident referral. We value you as a resident and are very happy to have more just like you! To qualify for this referral bonus, the following criteria need to be met:

- ❖ You must be a current resident referring someone to the same DHM property;
 - Both accounts must be in good standing with no arrears;
- ❖ Both residents must pay their rent in full & on time for 3 FULL months following the new resident's lease start date;
- ❖ Both residents must complete the following info, sign & return this form to your Rental Office within two weeks of the new resident's lease start date to be considered for the referral bonus.

If approved, a referral bonus check will be sent to your property's Rental Office within 7 days after the 3-month wait period for you to pick up.

Property:	Date:
Referral B	onus Amount: \$
*Please note: If all info below	is not completed in full, your request may not be approved.
Current (Referring) Resident Information	on:
lame(s):	Account #:
ddress:	Lease Start Date:
	Lease End Date:
•	V
XCurrent Resident	X Current Resident
	XCurrent Resident
Current Resident	XCurrent Resident
Current Resident Lew (Referred) Resident Information:	Current Resident
Current Resident lew (Referred) Resident Information: lame(s):	Current Resident Account #:
Current Resident New (Referred) Resident Information: Name(s):	Current Resident Account #: Lease Start Date:
New (Referred) Resident Information: Name(s): Address: /We were recommended by the Current Resident Resident Information: Industry of the State once the first THREE FULL MONTHS of rental aunderstand that this form must be completed.	Current Resident Account #: Lease Start Date: Lease End Date: Lease End Date: Jease En