



PART I – TO BE COMPLETED BY THE CURRENT RESIDENT RECEIVING THE CREDIT

Your Full Name: _____
Address: (Street Address) _____ Apartment #: _____
(City) _____, (State) _____ (Zip code) _____
Full Name of Person You Referred: _____ Date: _____

You are signing that you understand that the referral reward credit will be requested after the referred residents 30th day of residency and they have paid their first month's rent in full. Once the referral reward credit is issued, the management associate will apply (post) the credit to your account ledger as a payment. You cannot at any time withhold paying any balance on your account. If your rent is due and your referral credit has not reached the management office prior to the date that your rent is late. You must pay your rent in full and the referral will be posted to your account to be used the next month. To qualify for this reward program, your rental account must be in good standing with nothing past due. In order to request the referral reward, the referred household must fill in and sign PART II of this form stating that you referred their household.

Resident Signature: _____ Date: _____

PART II – TO BE COMPLETED BY REFERRED RESIDENT

Your Full Name: _____
Full Name of Person Referring you to our Community: _____
Move in Date: _____ Apartment #: _____

You are signing that you were referred by the person you named above and that you understand that you must fulfill your obligation to the 50-week lease. After your 30th day of residency and your first month's rent is paid in full, the person you named as whom referred you to our community, also named in PART I of this form, will be issued and referral reward credit applied to their account ledger. By signing below, you are signing that your household was referred by the person you named, also named in PART I of this form

Referred household's Signature: _____ Date: _____

PART III – TO BE COMPLETED BY CMB LEASING AGENTS AND APPROVED BY LEASING/PROPERTY MANAGER

Property Name: _____ Property #: _____ Invoice #: _____

Referred _____ (Example: _Doe_ referred _Jones_) Amount of Referral
Credit: \$ _____

Referral reward credits will not be issued until all signatures in PART I, II, and III are present, along with this form submitted to accounting requesting the referral reward credit. The date approved by Management is the date the invoice should be entered; this form is to be used as the invoice. The credit will be issued to the property/ledger for the rewarded resident.

Leasing Associate Signature: _____ Date Input into Yardi: _____

Manager's Signature: _____ Initials of Accounts Representative: _____

Date Approved by Management: _____