MILESTONE
MANAGEMENT

RESIDENT REFERRAL AGREEMENT

Resident Name: _____ Apt. No._____

Community: _____

HAS REFERRED

Resident Name: _____ Apt. No._____

Move in date: _____

_____
Signature of Referring Resident Date

_____
Signature of Referred Resident Date

The following requirements must be met to qualify for a referral gift:

- ☐ Referring resident's name is noted on the guest card
- ☐ Referring resident's name is noted on the application
- ☐ The referring resident is current on all amounts due
- ☐ The new resident has paid all deposit(s) in full
- ☐ The new resident has paid the at least one month's rent in full
- ☐ The new resident has taken possession of the apartment
- ☐ A copy of the referred resident's application is attached

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OFFICE USE ONLY

Resident referral gift: _____

Date approved: _____

Date referring resident received gift: _____

_____
Community Director Date

Revised 4/05