



REFERRAL INTERVIEW FORM

INTERNET TRANSFER TOC C2 C3 C4 C5 NO CONTACT

Reply Referral Active Pend Lease

Closed Date/Reason

LOCATION		SOURCE (CIRCLE ONE) 1 NEWS 4 MGR 7 MAG 2 Y P 5 BROCH 8 NET 3 FRND 6 MAIL 9 REPEAT 10 OTHER:			OCCUPANTS 1 2 3 4 5		SIZE		MAX PRICE \$		MOVE DATE		PHONE OFFICE		AGENT #		DATE			
EXPLAINED FREE SERVICE Y N					HOUSING TYPE A C H S I		BATHS		U F		LOOK DATE		NEW EST		BR		TIME			
MR (First) (MI) (Last) MRS MISS			OVR 21	MR (First) (MI) (Last) MRS MISS			OVR 21	CURRENT HOUSING (LIKES-DISLIKES)				CUR RENT		NEED RENTAL FURNITURE Y N						
MAILING ADDRESS				MAILING ADDRESS				PET TYPE - WEIGHT			REASON FOR LOCATION					REF:				
CITY STATE ZIP			CITY STATE ZIP			WD NO C S	F P Y N	PKG C O	ALARMS GATES	LEVEL L U	CABLE Y N	SQ FT	CARPET COLOR							
PHONE #		CELL:		PHONE #		CELL:		COMMENTS												
HOME:		BUSINESS:		HOME:		BUSINESS:														
EMPLOYER POSITION				EMPLOYER POSITION																
JOB LOCATION	EMP	NOTICE GIVEN? Y N	RH Y N	CH Y N	INCOME 3X 4X		JOB LOCATION											EMP	NOTICE GIVEN? Y N	RH Y N
FAX #		EMAIL ADDRESSES				FOLLOW UP - DATE VIEWED														
REASON FOR MOVE								OTHER SERVICES? Y N		SERVICE NAME		BLDGS SEEN (LIKES & DISLIKES)								
BLDG #	PROPERTY REFERRED			ADDRESS			PHONE	SIZE	FEATURE/ SPECIALS			RENT	DEP PET DEP FEE	ON-SITE CONTACT	REG DATE	PROSPECT DATE	CARD DATE	SHOW DATE	FAX DATE	MAIL DATE
BLDG. NAME			BLDG #		PROJ M-I	NOA Y N	RESIDENT NAME			APT #		RENT		M-DATE		TC	FEE			
BONUS	LEASE MO.	P.O. #	RESIDENT STREET ADDRESS				REG. WITH		REG. DATE		VERIFIED		DATE VER		PHASE					
ROOMMATE			AGENT NAME				AGENT #		BRANCH											