



Swallows & Associates Realty, Inc

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Property Management Division

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REFERRAL FORM

TO : Sheila Fraley- Property Manager

FAX#: 623-321-1310

TEL#: 623-780-8000

FROM: _____

TEL#: _____

AGENCY: _____

REFERRAL FEES WILL BE PAID UNDER THE FOLLOWING TERMS AND CONDITIONS:

ALL REFERRAL FEES WILL BE PAID AS SOON AS POSSIBLE, BUT NOT UNTIL THE OWNER AGREEMENT HAS BEEN SIGNED AND SETUP FEES HAVE BEEN COLLECTED. ALL REFERRAL FEES ARE PAID TO YOUR BROKER. IF AN OWNER DECIDES TO SELL THE PROPERTY WE REFER THEM BACK TO YOU.

OWNER REFERRAL

RENTAL PROSPECT

NAME: _____ EMAIL ADDRESS: _____

ADDRESS: _____ CITY _____ ST _____ ZIP CODE _____

TELEPHONE (HOME) _____ (WORK) _____

RESIDENTIAL **CONDOMINIUM** **COMMERCIAL** **MULTI-FAMILY**

GENERAL RENTAL REFERRAL:-

SINGLE FAMILY **DUPLEX** **APARTMENT** **GOVERNMENT ASSISTANCE**

NUMBER OF BEDROOMS _____ BATHROOMS _____ SQ. FT. _____

DATE PROPERTY NEEDED _____ MONTHLY RENT RANGE _____

PETS? _____ TYPE _____ LBS _____

PROPERTY REFERRAL INFORMATION:

Property Address: _____

City/Zip _____

Rent Advertised/Agreed: \$ _____

Referring Agent Showed Property: _____ Date

Application Enclosed: Yes / No