

Future Resident Referral Form

Welcome to 180 Kanata! If you were referred by a current resident, please complete this form to ensure they receive a \$500 rent credit after you move in and meet the eligibility requirements.

Section 1: Your Information

Your Full Name (Required):

Email Address (Required):

Phone Number (Required):

Section 2: Referring Resident Information

Referring Resident's Full Name (Required):

Referring Resident's Apartment Number (Required):

How do you know the referring resident?


☐ Friend ☐ Family ☐ Colleague ☐ Other (please specify): _____

Section 3: Confirmation

Have you contacted the leasing office prior to completing this form?

☐ No, this is my first time contacting the leasing office

☐ Yes, I have already contacted the leasing office

 Note: Only referrals submitted before your first contact with the leasing office are eligible.

Consent and Acknowledgment:

- ☐ I understand that the referring resident will only receive the referral credit if I sign a 12-month lease, move in, and pay one full month of rent.
- ☐ I confirm that no licensed real estate agent is involved in this referral.
- ☐ I understand that only one resident can claim a referral per lease.

Your Signature: _____

Date: _____