

**Realtor Referral Program**

To help serve you and your client with maximum efficiency, please complete this form and scan back to us. All forms must be received **within 30 days** of placing the Tenant.

Unique Accommodations agrees to pay the Referral Partner one of the following amounts:

Lease Amount	Unfurnished Referral Fee	Furnished Referral Fee (3-month term or longer up to one year)
Under \$2,000	\$100.00	\$60.00
Over \$2,000 - \$3,000	\$150.00	\$180.00
Over \$3,000 - \$5,000	\$250.00	\$225.00
Over \$5,000 - \$7,000	\$350.00	\$400.00
Over \$7,000 - \$10,000	\$500.00	\$600.00
Over \$10,000 - \$15,000	\$1000.00	\$750.00
Over \$15,000 - \$20,000	\$1,250.00	\$1000.00
Over \$20,000 and up	\$1,500.00	\$1500.00

**REFERRAL**

Date: \_\_\_\_\_  
 Referring Partner: \_\_\_\_\_  
 Company: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 GST Number: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

**CLIENT INFORMATION**

Client's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

**SIGNATURE AND ACKNOWLEDGEMENT**

The undersigned acknowledges receipt of this Disclosure of Remuneration

_____ Client Signature	_____ Date
_____ Referral Partner Signature	_____ Date
_____ Unique Accommodations	_____ Date

**CONFIRMATION**

Move-In Date: \_\_\_\_\_ Authorized by Unique Accommodations  
 Property ID#: \_\_\_\_\_ \_\_\_\_\_