



Sunrex Management Ltd.

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TENANT REFERRAL FORM

To be completed by Current Resident

Your Information

Name: _____

Phone: _____

Email: _____

Address (Suite & Building): _____

Referral Information:

Name: _____

Phone: _____

Email: _____

Application Address: _____

Application and Security Deposit Submitted?

Yes _____

No _____

Unsure _____

How do you know this person?

Co-Worker _____

Relative _____

Friend _____

Other (please specify): _____

To be completed by Property Manager

Received by: _____

Submitted on (date): _____

Application Accepted (date): _____

Referral Reward Paid (date): _____

*If not approved, specify reason: _____