

RESIDENT REFERRAL



TO BE COMPLETED BY COLUMBUS FAMILY HOUSING REFERRING RESIDENT

First Name: _____ Last Name: _____ Today's Date: _____

Telephone: _____ Email Address: _____

Your Community: _____ Address and Apt/Unit No.: _____

Name of friend you are referring: _____ Resident ID: _____

My friend is a/an:

- Active Duty Single Soldier Bachelor Officer Reservist Military Retiree
 DoD Civilian Employee

My friend : (check one)

- Resides off-post Resides in the barracks Will PCS/ETS to Columbus

Columbus Family Housing Resident: Upon completing this form, send it to the friend you are referring.

Referred Resident: Provide this completed form to The Landings at Columbus leasing consultants upon your first inquiry.

For office use only. Referral Fee: _____ Date: _____

Consultant: _____

To qualify for a referral fee, a completed Referral Card must be hand-delivered, faxed, or emailed to Columbus Family Housing with initial inquiry of housing.

For complete details and restrictions, log on to www.columbusfamilyhousing.com.

