



*Rappahannock Westminister-Canterbury*

**RESIDENT REFERRAL FORM**

Date of referral: \_\_\_\_\_

**Prospective Resident Information:**

Name of referred prospective resident (s) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Type of unit(s) desired: \_\_\_\_\_

**Resident Information:**

Name of referring resident (s): \_\_\_\_\_ Unit # \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**PLEASE NOTE THE FOLLOWING GUIDELINES  
FOR THE RESIDENT REFERRAL INCENTIVE PROGRAM:**

A referred prospective resident(s) may not have been previously referred by another resident nor the Marketing Office have had an existing relationship with them.

A resident's referral will need to qualify as a "Lead" i.e. an individual or couple truly interested in relocating to RWC. The Lead will need to meet the admission requirements including a financial evaluation and overall wellness assessment confirming the individual or couple may live safely in independent living.

Should the Lead result in a move-in the referring resident will receive a \$1,000 reward.

*Please return this completed form to the Marketing Department*

Thank you!