



RESIDENTIAL PROPERTY MANAGEMENT

RENTAL INTEREST FORM

TODAY'S DATE: _____

FIRST NAME: _____

LAST NAME: _____

HOME PHONE: _____

WORK PHONE: _____

CELL PHONE: _____

BEST WAY & TIME TO REACH YOU: _____

E-MAIL ADDRESS: _____

MAXIMUM RENT PRICE PER MONTH: _____

NUMBER OF BEDROOMS PREFERRED: _____

DATE RENTAL NEEDED: _____

NON-SMOKER SMOKER

PET INFORMATION: _____

ADDITIONAL INFORMATION: _____
