

**PROPERTY MANAGEMENT/REAL ESTATE
AGENT REFERRAL BONUS CLAIMS FORM
Landlord Incentive Program**



This form provides the City basic information to determine your eligibility for the Property Management/Real Estate Agent Referral Bonus and to facilitate its payment. It also serves as a certification to the City that the information you are providing is correct and authorizes the City to verify the information required to determine your eligibility. Referral Bonuses for Property Managers will be paid to the companies they work for.

RENTAL UNIT INFORMATION		
Street Address:		Apt No:
City:	CA	ZIP Code:
Lease term:		
Tenant name(s):		

PROPERTY OWNER INFORMATION		
Owner Name:		
Owner Contact Person (if not same as above):		
Phone:	Email:	
Street Address:		Apt/Ste No:
City:	State:	ZIP Code:

PROPERTY MANAGEMENT COMPANY/REAL ESTATE AGENCY INFORMATION	
Please select the title that best describes you:	
<input type="checkbox"/> Property Manager	<input type="checkbox"/> Real Estate Agent
Property Manager/Real Estate Agent name:	
Phone:	Email:
Property Management Company name: <input type="checkbox"/> N/A	
Street Address:	Apt No:

City:	State:	ZIP Code:
<i>Note: This address will be used for mailing payments owed.</i>		

REQUIRED DOCUMENTS	
Please attach the following documents with your application.	
	Real Estate License <input type="checkbox"/> N/A
	W-9 Form Property managers: The form must be for the property management company for whom you work.

DISCLOSURES AND CERTIFICATIONS	
Certification By signing below, I certify that I am authorized to sign on behalf of the property owner and that the above information is correct and complete to the best of my knowledge. I also consent to the allow the City of Elk Grove and/or its authorized agents to contact agencies as appropriate to verify the information contained in this application. I understand that should the City of Elk Grove determine that any information is false or incomplete, I and/or the property owner may be determined to be ineligible to receive assistance from the City.	
PROPERTY MANAGER/REAL ESTATE AGENT X	Date:
Print Name:	
PROPERTY OWNER X	Date:
Print Name:	

Submit completed Claims Forms to jbarnes@elkgrovecity.org.

For City Administrative Purposes Only	Total Balance Due:	
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