

**Client Request Form**

**CLIENT INFORMATION Client Account # 1-xxxx (Office Entry Only)**

**Full Name (Primary Client):**

**Full Name (Spouse or Roommate):**

**Email Address (Primary Only):**

**Phone #:**

**One-time Fee & Search Option (Please select an option that best suits your needs)**

**Option 1- Listings only: $100.00** [ ]

**Option 2- Search based on your criteria which includes scheduled showings: $150.00** [ ]

**Option 3- High Risk Clients (Felony, Eviction, Bankruptcy) includes option 2: $200.00** [ ]

**Today’s Date:**

**RENTAL REQUEST INFORMATION**

**# of Bedrooms: | (commercial only) Square Footage:**

**Min/Max Rent:**

**Location (Enter City or Zip Codes):**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Day/Time** | **9am-****10am** | **11am-12pm** | **1pm-****2pm** | **3pm-****4pm** | **5pm-****6pm** | **7pm-****8pm** |
| **Monday** |  |  |  |  |  |  |
| **Tuesday** |  |  |  |  |  |  |
| **Wednesday** |  |  |  |  |  |  |
| **Thursday** |  |  |  |  |  |  |
| **Friday** |  |  |  |  |  |  |
| **Saturday** |  |  |  |  |  |  |
| **Sunday** |  |  |  |  |  |  |

**Please choose the time you are available for viewing by entering an x in each box.**

**If you have a deadline such as Section 8, please provide the date by entering, (MM/DD/YYYY)**

**Thank you for choosing Renters Rely!**