CANDIDATE FOR RMP® DESIGNATION Confidential Letter of Recommendation NATIONAL ASSOCIATION OF RESIDENTIAL PROPERTY MANAGERS

Applicant Name:		_			
Company:					
Address:					
City:		State:		Zip:	
To the person completing this	form:				
The applicant whose name ap the National Association of Re recommendations from curre all questions that apply to you not have access to this letter.	esidential Property Ma nt RMP® or MPM ®des	nagers. One of signees and thre	the requireme e recommend	ents is to obtain ations from clie	two ents. Please answer
When complete, please place sign your name across the sea that the letter is confidential.	I and return it to the a	pplicant. Your			
Name of Person Completing	Γhis Form:				
Position/Title:	Com	pany:			
Address:		City:		State:	Zip:
Phone:	Fax:		Email: _		
How long have you known the applicant?		Are you:			ement Professional? ent of the Applicant?
Under what circumstances ha	ve you known the app	olicant?			
How would you describe the management as a profession?	applicant's moral cha	racter, integrity,	and sincerity o	of commitment	to real estate
If you are a current or former	client, how would you	ı describe the a	pplicant's abili	ty as a property	/ manager?
Additional Comments:					
I can recommend this I cannot recommend			on	int. int.	
Signature:			Dat	æ:	