

CO-SIGNER APPLICATION FOR (TENANT NAME): _____

RENTAL ADDRESS: _____

CO-SIGNER REQUIREMENTS: A Co-Signer must have verifiable gross monthly income of at least ___ times the amount of the monthly Rent and have a positive credit history. Verifiable income may mean, but is not limited to: employment paychecks, bank accounts, alimony/child support, trust accounts, Social Security, unemployment, welfare, grants/loans, and housing assistance. Owner/Agent may use credit reports to verify the accuracy of the information provided by Co-Signers. Income derived from non-garnish able sources (retirement income, trust income, Social Security Income, etc.) may be excluded for the purposes of meeting the income criteria if the Landlord so chooses. Co-Signers must list all existing credit and debts on the Application. A negative credit report may result in an Application denial. Negative reports include, but are not limited to: late payments, collections, judgments, debt to income ratio, and bankruptcy. When approved, a Co-Signer must complete a Co-Signer Agreement.

GENERAL REQUIREMENTS:

- Any information provided that is incomplete, inaccurate or falsified may be grounds for denial of the Application.
Co-Signers may be rejected on the demeanor in which they treat Owner/Agent or other parties present.
If the obligations under a Rental Agreement are guaranteed by a Co-Signer, the Tenant agrees that Owner/Agent would not have recourse to them without the guaranty. In the event the guaranty becomes unenforceable for any reason, they will be considered a material non-compliance with the Rental Agreement. Tenant(s) may then be responsible to find an alternate Co-Signer acceptable to the Owner/Agent, or pay an increased Security Deposit to cure the noncompliance.
Owner/Agent reserves the right to notify the Co-Signer about any information related to the tenancy deemed necessary.
The original signed, notarized Co-Signer Agreement must be returned to Owner/Agent within three business days of notification to the Applicant of Application approval. Failure to return the original form (not a faxed copy) within this time-frame may result in a forfeiture of the Deposit to Hold.

CO-SIGNER INFORMATION:

NAME _____ MIDDLE INITIAL _____
SOCIAL SECURITY NO. _____ DATE OF BIRTH _____

PRESENT ADDRESS: (incl. City, State & Zip) _____
HOW LONG? ___ CURRENT PHONE _____ CELL #2 _____
EMAIL ADDRESS: _____

EMPLOYMENT: FIRM _____ ADDRESS _____ PHONE _____
HOW LONG? _____ POSITION _____ GROSS MONTHLY PAY _____
PREV. EMPLOYER _____ ADDRESS _____ PHONE _____

OTHER SOURCES OF INCOME:
SOURCE OF INCOME _____ FREQUENCY _____ AMOUNT OF PAYMENT _____
SOURCE OF INCOME _____ FREQUENCY _____ AMOUNT OF PAYMENT _____
SOURCE OF INCOME _____ FREQUENCY _____ AMOUNT OF PAYMENT _____

LIST ALL OUTSTANDING DEBTS:
NAME _____ OUTSTANDING AMOUNT _____ MONTHLY PAYMENT _____
NAME _____ OUTSTANDING AMOUNT _____ MONTHLY PAYMENT _____
NAME _____ OUTSTANDING AMOUNT _____ MONTHLY PAYMENT _____
NAME _____ OUTSTANDING AMOUNT _____ MONTHLY PAYMENT _____

Has a former Landlord ever filed any kind of legal action against you? [] Yes [] No
If yes, why? _____

I certify the above information is correct and complete and hereby authorize Owner/Agent to make any and all inquiries deemed necessary to evaluate my ability to guarantee. I understand that anything found to be untrue may result in an immediate rejection of this Application and would be grounds for immediate termination if a Rental Agreement has been executed.

Co-Signer/Applicant _____ Date: _____



SAMPLE

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