



CO-SIGNER APPLICATION

Full Name: _____ DOB: _____ SSN: _____

Driver's License No. _____ Driver's License State: _____

Cell Number: _____ Work Number: _____ E-Mail: _____

Applicant Co-Signing For: _____ Relationship to Applicant: _____

Have you previously filed by bankruptcy? ☐ Yes ☐ No

CURRENT EMPLOYMENT

Company: _____ Occupation/Title: _____

How Long? _____ Net Pay: \$ _____ (after withholdings / taxes)

Street Address: _____ City: _____ State: _____

Supervisor Name: _____ Title: _____ Phone: _____

CURRENT RESIDENCE

Street Address: _____ City: _____ State: _____ Zip: _____

☐ Rent ☐ Own Total Rent / Mortgage Amount: \$ _____ /Month Length of time at this address? _____

Do you understand that you by completing this application you are also stating that you will co-sign a lease with the applicant you have identified above (should their full application be accepted)? ☐ Yes ☐ No

Do you consent to the application process and background check necessary to be eligible to co-sign for the above applicant(s)? ☐ Yes ☐ No

Have you answered the above questions honestly and to the best of your ability? ☐ Yes ☐ No

Applicant represents that all information given on this application is true and correct. Applicant hereby authorizes verification of all references and facts, including but not limited to current and previous landlords, employers, and personal references. Applicant hereby authorizes owner/agent to obtain any and all Unlawful Detainer, Credit Reports, Telechecks, and/or Criminal Background Reports. Applicant agrees to furnish additional credit and/or personal references upon request. Applicant understands that incomplete or incorrect information provided in the application may cause a delay in processing which may result in denial of tenancy.

Co-Signer's Signature: _____ Date _____

Co-Signer's Printed Name: _____

