

Agent Name: \_\_\_\_\_

Tenant Name: \_\_\_\_\_



# CO-SIGNER APPLICATION AND AGREEMENT

(To be filled out with cosigner's information)

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Present Address: \_\_\_\_\_ Apartment #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Present Landlord's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

How long have you lived at the above address? \_\_\_\_\_ How much rent are you paying? \_\_\_\_\_

Present Employer: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Position held: \_\_\_\_\_ Income per month: \_\_\_\_\_

Address: \_\_\_\_\_ How long? \_\_\_\_\_

As a co-signer of a lease, you are guaranteeing that all terms, covenants, and provisions of the lease are unconditionally met and agree to all terms of said lease. All co-signers are required to fill out an application form, have their application information verified, and submitted to the manager for approval. Co-signers are jointly and severally liable for all terms of the lease including rent, damages, and all rules and regulations. Co-signers cannot be removed from the lease during the lease term.

If there are any problems during the lease term (for example, noise complaints, pet problems, or any other kind of problems that may arise due to the lessee(s) not following the rules and regulations of their lease), the co-signer(s) will be held responsible. If any problem persists and management has no other option but to evict the lessee(s), the co-signer(s) will be held responsible for unpaid rent, utilities, and damages until the apartment is re-rented. Applicant hereby affirms that the statements above are true and authorizes verification of all references given, and understands that a credit check will be conducted.

Co-signer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**IF THIS DOCUMENT IS NOT SIGNED AND WITNESSED IN THE ROYSE & BRINKMEYER OFFICE IT MUST BE NOTARIZED.**

State of: \_\_\_\_\_ County of: \_\_\_\_\_

Before me, \_\_\_\_\_ personally appeared and executed this document  
(Name of Person)

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

(Signature) \_\_\_\_\_ (SEAL)  
Notary Public

Phone Verification: \_\_\_\_\_  
Employee Signature \_\_\_\_\_ Date \_\_\_\_\_