

CO-SIGNER APPLICATION

419 Medina Road
Medina, OH 44256
tel: 330-239-6000

\$20 Non-refundable processing fee.

Applicant must have an Equifax credit score of 600 or higher to co-sign a lease agreement.

Address of Premises to be leased: _____

Name of Tenant leasing Premises: _____

Co-Signer

Full Name (include all names used): _____

Home Phone: _____ Work Phone: _____

Social Security Number: _____ DOB: _____

Driver's License #: _____ State: _____ Exp: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Dates Lived at Address: _____ to _____

Name of Current Employer: _____

Employers Address: _____

Phone _____

Dates Employed: _____ to _____

Position or Title: _____ Gross Monthly Income: _____

Other income you would like us to consider

Source: _____ Monthly Amount: _____

Checking Account Balance: _____

Savings / Brokerage Account Balance: _____

I certify that all information given in this Co-Signer Application is true and correct and I understand that the lease agreement associated with this application may be terminated if I make any false or incomplete statement herein. I authorize my bank, credit sources and employers to disclose to Landlord such information about me as its representative may request in connection with this Co-Signer Application. If Tenant's rental application is approved subject to this Co-Signer application, I agree to co-sign a lease agreement for the Premises and guarantee the payment of all financial terms contained therein.

Co-Signer Name: _____

Signed: _____

Date: _____