

CO-SIGNER APPLICATION

PROPERTY ADDRESS _____

TENANT(S) INFORMATION

TENANT FULL NAME _____

TENANT FULL NAME _____

TENANT FULL NAME _____

TENANT FULL NAME _____

CO-SIGNER INFORMATION

FULL NAME: _____ PHONE: _____

BIRTHDATE: _____ SS# (Required): _____

DRIVERS LICENSE # _____ STATE ISSUED: _____

CURRENT ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

CURRENT EMPLOYER: _____

EMPLOYER ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE #: _____ SUPERVISOR: _____

POSITION: _____ ANNUAL INCOME: _____

FULL OR PART TIME?: _____

I have completed a Co-Signer Application for the express purpose of enabling the AGENT for the OWNERS, Kincaid Rentals, to check my credit. I have no intention of occupying the dwelling referred to in the application above.

As CO-SIGNER for the above named TENANT(S), I acknowledge that I am aware of the fact that I unconditionally guarantee payment on the rental unit referenced above, and that I am also bound by the terms and conditions of the Residential Lease Agreement which I will be required to sign, and if there is a default in payment on the above rental unit I shall, upon demand, pay the amounts in arrears to the OWNER or his AGENT. I also accept full responsibility for all costs related to TENANT(S) tenancy. This includes any unpaid rent, fees and damages for which the tenant is responsible. I understand that I may be



required to pay for rent, cleaning charges, or damage assessments in such amounts as are incurred by the TENANT(S) under the terms of the CO-SIGNER AGREEMENT if, and only if, the TENANT(S) themselves fail to pay. I also understand that this CO-SIGNER AGREEMENT will remain in force throughout the entire term of tenancy, even if tenancy is extended and/or changed in its terms.

BY SIGNING THIS APPLICATION, I AUTHORIZE KINCAID RENTALS TO ORDER CREDIT REPORTS AND VERIFY OTHER CREDIT INFORMATION, INCLUDING PAST AND PRESENT LANDLORD AND/OR MORTGAGE REFERENCES. I WARRANT THAT ALL STATEMENTS MADE ON THIS APPLICATION ARE TRUE, AND SHOULD ANY OF THE ABOVE INFORMATION BE FALSIFIED, I UNDERSTAND THAT IT IS CAUSE TO IMMEDIATELY REJECT MY APPLICATION.

I UNDERSTAND THAT THIS APPLICATION DOES NOT INCLUDE ANY ORAL OR WRITTEN COMMITMENTS ON THE PART OF THE OWNER OR THE AGENT REPRESENTING THE OWNER.

I hereby declare under penalty of perjury under the laws of the State of Kansas that the above is true and correct.

CO-SIGNER SIGNATURE: _____ DATE: _____

SIGNATURE: _____

DATE: _____

STATE OF KANSAS
COUNTY OF _____, SS:

BE IT REMEMBERED THAT ON THIS _____ day of _____, 2_____, before me, the undersigned, a Notary Public in and for the County and State aforesaid, came _____, who is/are personally known to me to be the same person(s) who executed the foregoing instrument of writing, and such person(s) acknowledged the execution of the same.

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my official seal the day and year last above written.

Notary Public