

APPLICATION FOR CO-SIGNER

Location of Residence for Lease _____

Name(s) of Person(s) you are Co-Signing for:

1. _____

2. _____

Co-Signer Information:

**Will not be considered unless
completely filled out.**

1. Complete Name _____
Last First Middle

2. Current Address _____
Street City State
Zip

3. Prior Address _____
(If less than 2 yrs.) Street City State Zip.

4. Home Phone: _____

5. Date of Birth: _____

6. Social Security #: _____

7. Employer: _____ Salary: _____

8. Work Phone: _____ Position: _____

9. Business Address: _____

In consideration of Landlord's agreement to this lease, the undersigned guarantee(s) the payment of all amounts due under the lease and all extensions, renewals, or transfers of that lease, and the performances of the covenants by Tenant(s).

Co-signer agrees to give permission to check credit and verify information given by co-signer.

Signature

Day Phone

Date

THIS APPLICATION IS NOT A RENTAL AGREEMENT, CONTRACT, OR LEASE. ALL APPLICATIONS ARE SUBJECT TO THE APPROVAL OF THE OWNER OR MANAGING AGENT

CO-SIGNER AGREEMENT

(Addendum to Rental Agreement)

This agreement is attached to and forms a part of the Rental Agreement between Docken Management, as an agent for Owners, and, Tenants, which is dated _____

My name is _____.

I have completed a Co-Signer Application for the express purpose of enabling the Owners to check my credit. I have no intention of occupying the dwelling referred to in the Rental Agreement.

I have read the Rental Agreement referred to above, and I promise to guarantee the Tenant's compliance with the financial obligations of this Agreement.

I understand that I may be required to pay for rent, cleaning charges, or damage assessments in such amounts as are incurred by the Tenants under the terms of this Agreement if, and only if, the Tenants fail to pay.

Signed:

Dated _____