



**THIS IS NOT THE RECOMENDED WAY TO FILL OUT AN APPLICATION
PLEASE GO TO OMNILEASES.COM, "AVAILABLE RENTALS" AND CLICK
"APPLY NOW" NEXT TO THE UNIT YOU WISH TO APPLY FOR.**



**909 Squalicum Way Suite #107 Phone: 360-746-9613
Bellingham WA 98225 Email: info@omnileases.com**

COSIGNER APPLICATION

Credit & Score - Cosigner Fee \$ **55.00** Non-Refundable Screening Fee

Please provide income verification (current pay stubs, bank statements, etc.) and copy of your photo ID

COSIGNER NAME _____
Address of Rental Property _____ Unit# _____
Cosigning For: _____

COSIGNER'S INFORMATION

Social Security# _____ Driver's License _____
Date of Birth _____
Telephone _____ Email _____

CURRENT ADDRESS

Address _____
City _____ Apt # _____
Move In/Out Dates _____
Rent Own Rent Amount _____
Landlord Name _____
Landlord # _____

PRIOR ADDRESS

Address _____
City _____ Apt # _____
Move In/Out Dates _____
Rent Own Rent Amount _____
Landlord Name _____
Landlord # _____

CURRENT EMPLOYER

Company _____
Telephone# _____ Salary _____
Address _____
Supervisor _____
Occupation _____
Full Time Part Time Hire Date _____

ADDITIONAL INCOME

Source _____
Monthly Income _____
Contact _____
Telephone # _____
Comments _____

Have you ever used any other names? Yes No If Yes Name(s) _____

In compliance with the Fair Credit Reporting Act, State and Federal Laws, this is to inform you that an investigation involving the statements made on this application for tenancy is being initiated by AccuSearch Inc. I/We certify to the best of my/our knowledge all statements are true and complete. I/We further authorize AccuSearch Inc. to obtain credit reports, court/criminal records, character reports, general reputation, mode of living, rental references and employment history as needed to verify all the information put forth on this application. **SCREENING FEE IS NON- REFUNDABLE.**

Cosigner's Signature _____ Date _____

Screening Provided By: P.O. Box 644
Ferndale, WA 98248
Phone: 1-877-646-4466





COSIGNER AGREEMENT

The term and rate of the lease is as stated on the lease agreement for the property located at:

Address: _____ Unit# _____
City: _____ WA, _____
Between: _____ And OMNI Property Management LLC/Landlord
All tenants names

As a co-signer for the above named tenant(s), I acknowledge the following:

- My application fee will not be refunded. Cosigner application fee is: \$55.00.
- I am jointly and severally liable for any outstanding monies for the above rental address for the term of the lease and any extensions to that lease.
- I unconditionally guarantee payment on the rental of the above unit.
- I am bound by the terms and conditions of the lease.
- I shall upon demand pay the amount in default to the landlord/managing agent.
- Cosigners residing outside the United States of America or in the state of Texas will not qualify.

I _____ authorize OMNI Property Management, LLC to contact Law Enforcement Agencies,
Cosigners name

Credit Agencies and other references that may be requested. I hereby declare under penalty of perjury under the laws of the State of Washington that the below is true and correct. I understand that more information may be required to attain cosigner qualification.

GOVERNING LAW:

This agreement is deemed to have been made in Whatcom County, Washington. The right of the parties hereto shall be governed by and construed in accordance with the laws of the State of Washington and the parties that any such action shall lay exclusively in Whatcom County, Washington regardless of the county in which the parties reside. Parties agree to not contest venue or to assert the defense of forum non-convenience for any lawsuit filed in Whatcom County, Washington.

Cosigner's _____ Date _____
Signature