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### 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: \$30.00.
- 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