



1202 Regent St. - Madison WI 53715
Phone (608)251-8777 - Fax (608)255-9656

CO-SIGNER APPLICATION

Please fill out the application completely. By signing this document, you indicate that you have read and understand this Application and that all information that has been submitted is true and accurate.

By signing this document, you also indicate that you authorize management to conduct routine housing references, employment verifications, criminal background checks, public record checks, financial reference investigations and to obtain and rely on credit agency reports for the purpose of processing this application.

CO-SIGNER INFORMATION

First Name _____ M _____ Last _____

Date of Birth ____/____/____ Social Security # _____ - _____ - _____ DL# _____

Phone # _____ E-mail _____

For whom, or which address are you co-signing for? _____

Relationship to applicant: _____

Current Address _____ City/State _____ Zip _____

How long have you been at the current address? _____

EMPLOYMENT INFORMATION

Current Employer _____ Phone () _____

Address _____ City/State _____ Zip _____

Position _____ Income \$ _____ / Month

How long have you been employed with the company? _____

Other income sources and amounts: _____

A facsimile signature by you on this Agreement and Application is just as binding as an original signature. It is not necessary for you, as Co-Signer, to sign the Lease Agreement itself, nor be named on the Lease Agreement. Once the prospective applicant application is approved, a separate co-signer agreement will be submitted for signature.

Cosigner's Signature _____ Date _____