

CO-SIGNER APPLICATION FOR CONSOLIDATED MANAGEMENT
AND PROFESSIONAL PROPERTY MANAGEMENT

_____/_____/_____
NAME HOME PHONE # DATE OF BIRTH
_____/_____/_____
RESIDENCE STREET ADDRESS CITY STATE ZIP
OWN? ___ IF NOT RENT FROM? _____
SOCIAL SECURITY NUMBER _ _ - _ - _ _ _ D.L NUMBER _____
PRESENT EMPLOYER: _____ HOW LONG? _____
ADDRESS: _____ CITY _____ ZIP _____
WORK PHONE NUMBER _____
EMPLOYED AS: _____ SALARY \$ _____ PER _____
OTHER INCOME: _____ SOURCE: _____
BANK _____ ADDRESS _____ ACCOUNT# _____

_____/_____/_____
NAME 2ND COSIGNER OR SPOUSE HOME PHONE # DATE OF BIRTH
_____/_____/_____
RESIDENCE STREET ADDRESS CITY STATE ZIP
OWN? ___ IF NOT RENT FROM _____
SOCIAL SECURITY NUMBER _ _ - _ - _ _ _ D.L. NUMBER _____
PRESENT EMPLOYER: _____ HOW LONG? _____
ADDRESS: _____ CITY _____ ZIP _____
WORK PHONE NUMBER _____
EMPLOYED AS: _____ SALARY \$ _____ PER _____
OTHER INCOME: _____ SOURCE: _____
BANK _____ ADDRESS _____ ACCOUNT# _____

I AUTHORIZE LANDLORD OR HIS AUTHORIZED AGENTS TO VERIFY THE ABOVE INFORMATION, INCLUDING BUT NOT LIMITED TO OBTAINING A CREDIT REPORT AND IF THIS APPLICATION IS ACCEPTED, I AGREE TO EXECUTE THE RESIDENTIAL LEASE OR RENTAL AGREEMENT. IT IS UNDERSTOOD THAT THIS APPLICATION BECOMES THE PROPERTY OF PROFESSIONAL PROPERTY MANAGEMENT COMPANY AND CONSOLIDATED MANAGEMENT ONCE IT IS SUBMITTED AND WILL NOT BE RETURNED TO APPLICANT.

DATE _____ SIGNATURE: _____

DATE _____ SIGNATURE: _____

COSIGNING FOR _____

ADDRESS APPLYING FOR: _____

CO-SIGNER AGREEMENT

THE UNDERSIGNED ACKNOWLEDGES THAT (S)HE/THEY HAS/HAVE READ THE FOREGOING AGREEMENT AND UNDERSTAND ITS TERM; THAT THIS AGREEMENT IS BEING EXECUTED TO PERSONALLY GUARANTEE THE PAYMENT OF ANY MONETARY DAMAGES SUFFERED BY OWNER, INCLUDING BUT NOT LIMITED TO, ACTUAL ATTORNEYS FEES INCURRED IN THE ENFORCING SAID AGREEMENT AND/OR GUARANTEE; THAT THE UNDERSIGNED IS/ARE NOT OCCUPYING THE PREMISES AND IS/ARE NOT ENTITLED TO SERVICE OF ANY OF THE STATUTORY NOTICES REQUIRED BY LAW TO BE PROVIDED OCCUPANTS.

SIGNATURE

DATE

SIGNATURE

DATE

Name of Applicant: _____

Relationship To Applicant: _____