DILLON HALL RESIDENCES Student Off-Campus Housing

CO-SIGNER APPLICATION AND AGREEMENT

	Date:		
Apartment Address:			
Co-Signer For:			
This form needs to be filled out in its entirety . An check and may jeopardize the prospective tenant(s)	incomplet	e form will not allo	w us to perform a complete credit
Co-Signer Information			
Co-Signer Name:		S	S#:
Date of Birth:	Drivers License #:		
Present Address:			
City:	State: _		Zip:
Home Phone #:			
Email:			
How long have you lived at the above address? If you rent:			ou Rent or Own?
Apartment Complex Name (if renting):			
Management Company Phone #: How much rent are you currently paying?			
Co-Signers Employment Current Employer:			
Position:			
Employer Address:			
Employer Phone #:			
Contact Name:			
Length of Employment:			
Monthly Salary:			
Current individual Yearly Income:			
Current Household Yearly Income:			

As a co-signer of a lease, you are guaranteeing that all terms, covenants and provisions of the lease are unconditionally met and agree to all terms of said lease. All co-signers are required to fill out an application form, have their application information verified, and submitted to the manager for approval. Co-signers are jointly and severally liable for all terms of the lease including rent, damages, and all rules and regulations. Co-signers cannot be removed from the lease during the lease term.

If there are any problems during the lease term (for example, noise complaints, pet problems, or any other kind of problems that may arise due to the lessee (s) not following the rules and regulations of their lease), the co-signer(s) will be held equally responsible. If any problems persist and management has no other option but to evict the lessee (s), the co-signer(s) will be held equally responsible for unpaid rent, utilities, and damages until the apartment is re-rented.

Tenant:

Signature of Co-Signer

Date

For Office Use Only:	
Credit Report:	
Date: Employment Verification:	Initials:
Date: Follow-up	Initials:
Date:	Initials: