



APPLICATION FOR APARTMENT  
CO-SIGNER APPLICANT

CO-SIGNER APPLICANT INFORMATION

Name of Applicant: \_\_\_\_\_ Social Security No.: \_\_\_\_\_  
Relationship to Applicant: \_\_\_\_\_  
Driver's License Number: \_\_\_\_\_ Email: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_  
Present Address: \_\_\_\_\_  
How long? \_\_\_\_\_ Lease: \_\_\_\_\_ YES \_\_\_\_\_ NO  
Lease Expiration Date: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_  
Landlord's Name: \_\_\_\_\_ Landlord's Phone No.: \_\_\_\_\_  
Previous Address: \_\_\_\_\_

APPLICANT INFORMATION

Name of Applicant: \_\_\_\_\_ Applying for Apartment: \_\_\_\_\_

EMPLOYMENT INFORMATION

**Current Employer (Company Name):** \_\_\_\_\_  
Employer's Address \_\_\_\_\_  
Phone No.: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
Position/Title: \_\_\_\_\_ FT \_\_\_\_\_ PT \_\_\_\_\_  
Employment Dates: \_\_\_\_\_  
Salary \$ \_\_\_\_\_ Hourly \_\_\_\_\_ Gross Weekly \_\_\_\_\_ Gross Salary \_\_\_\_\_  
**Previous Employer (Company Name):** \_\_\_\_\_  
Employer's Address \_\_\_\_\_  
Phone No.: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
Position/Title: \_\_\_\_\_ FT \_\_\_\_\_ PT \_\_\_\_\_  
Employment Dates: \_\_\_\_\_  
Salary \$ \_\_\_\_\_ Hourly \_\_\_\_\_ Gross Weekly \_\_\_\_\_ Gross Salary \_\_\_\_\_



EMPLOYMENT INFORMATION - Continued

Other Income: If yes, Source \_\_\_\_\_

Amount \$ \_\_\_\_\_ Verification Contact: \_\_\_\_\_

**\*In addition to completing the above-listed information, please provide a copy of co-signer’s proof of income together with the signed co-signer application. (Ex.: Two most recent paystubs from current employer)**

Criminal Background Information

Do you (or any potential occupants in the apartment) have charges pending against you (or them) for any criminal offense?

Applicant: \_\_\_\_Y \_\_\_\_N      Occupants: \_\_\_\_Y \_\_\_\_N

Have you (or any potential occupants in the apartment) been convicted of any criminal offense; or entered a plea of “guilty” or “no contest” to any criminal offense; or had any criminal matter disposed of in a manner other than acquittal or a finding of “not guilty”?

Applicant: \_\_\_\_Y \_\_\_\_N      Occupants: \_\_\_\_Y \_\_\_\_N

If “Yes” to any of the above questions, give details and dates, including the county and state in which the incident occurred:

\_\_\_\_\_  
Co-Signer Applicant Signature      Date

I certify that all information provided on this application is true and complete. My signature above authorizes permission to verify any of the information contained in this application and verification of credit and criminal history from a consumer-reporting agency throughout the duration of the Lease Agreement and subsequent Renewals.

**\*The Last Month’s Rent paid is *not refundable* if this Application is approved following verification\***