

CO-SIGNER APPLICATION FOR RESIDENCY

Co-Signer's Name:

Last First Middle

Co-signing for: _____

Photo ID

Home Address:

Street City State Zip Code

E-mail: _____ Cell#: (____) _____ SSN: _____

Date of Birth: _____ Drivers License # _____ State _____ Marital Status: S M D W

EMPLOYMENT INFORMATION:

Present Employer: _____ Since: _____ Position: _____

Supervisor: _____ Monthly Salary: _____ Phone: (____) _____

PERSON TO NOTIFY IN CASE OF EMERGENCY:

Name: _____ Relationship: _____ Home phone: (____) _____

Address: _____
Street City State Zip Work phone: (____) _____

Certification: I have read and agree with the statements below. (Must check to apply)

CREDIT/CRIMINAL: I hereby consent to allow Owner and its designated agents and employees, to obtain a consumer credit report and criminal record information for the purpose of determining whether to lease an apartment to me. I also agree and understand that Owner and its agents and employees may obtain additional consumer credit reports and criminal record reports on me in the future to update or review my account. Upon my request, Owner will tell me whether consumer credit reports or criminal record reports were requested and the names and addresses of any consumer reporting agency that provided such reports.

INSURANCE: Owner and Agent carry no insurance on the personal property of tenants. *It is recommended that you obtain insurance coverage.*

MANAGER AND STAFF REPRESENT OWNER: Applicant(s) agree and understand that the Property Manager and all staff and employees of Owner represent the Owner exclusively in the apartment application and leasing process. Applicant(s) further understand that they may, at their own expense, select an agent or agents to represent them in the apartment application and leasing process.

CERTIFICATION: For the purpose of allowing Owner or Owner's Agent to evaluate my application and determine my suitability as a resident, I hereby certify that neither I nor any potential occupants of my apartment have ever been charged with or convicted of a felony or any crime involving theft, violence, fraud, illegal drugs, or a sexual offense of any kind whatsoever.

I authorize H. A. Edwards, Inc. to make any inquires they deem necessary in the establishment of my character or credit rating. I hereby authorize the references listed herein to relay to H. A. Edwards, Inc. any information they require.

(initial) SECURITY DEPOSIT/ EARNEST MONEY: Money deposited with this application will be held as earnest money before the lease is signed. This earnest money will not be refunded if Applicant's credit/references are approved by H. A. Edwards, Inc. but Applicant elects not to rent the unit reserved for Applicant. Once the Applicant(s) is approved and the lease is signed, the earnest money will be transferred over as security deposit. I/we understand this unit will be reserved for applicant(s) for fourteen (14) days from the date of this application in order for all documents to be executed. **Should applicant(s) fail to follow through with signing and returning the lease within the fourteen (14) days of this application the unit will be placed back on the market and the earnest money forfeited.**

Signature

Date