

# Autumn Leaf Apartments

## Co-Signer Rental Application

Property Address: \_\_\_\_\_ Date: \_\_\_\_\_

### (Co-Applicant)

Last:	First:	Middle:	Jr/Sr		
Date of Birth:	Social Security Number:	Driver's License:	State:	Exp:	
Street Address (Current):	City:	State:	Zip Code:	How Long:	Monthly Rent: \$
Home Phone Number:	Work Phone Number:		Cell Number:		
Landlord Name:	Address:	City:	State:	Phone	
Street Address (Prior):	City:	State:	How Long:	Monthly Rent: \$	
Landlord Name:	Address:	City:	State:	Phone:	
Employer:	Supervisor Name:	Address:	City:	Phone:	
Position:	Salary: \$	How Long:	Other Income:		
Bank:	Phone:	Checking Acct#:	Savings Acct#:		
Auto-Make:	Model:	Year:	Color:	License Plate:	State:
Credit Reference:	Account:	Amount Owing:	Monthly Payment:		
Credit Reference:	Account:	Amount Owing:	Monthly Payment:		
Credit Reference:	Account:	Amount Owing:	Monthly Payment:		
Nearest Relative:	Relationship:		Phone#:		
Personal Reference:	Phone #		How Long:		

Everything that I have stated in this application is true and correct to the best of my knowledge. I understand that you will retain this application whether or not it is approved. I authorize you to verify all information contained in this application, including my credit, landlord, and employment information. I further authorize you to answer questions regarding your resident history and credit experience with me.

Co-Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_