

PACIFIC PARTNERS PROPERTY MANAGEMENT
1036 5th STREET, SUITE A
P.O. BOX 31
EUREKA, CA 95502

707-441-1315 TEL
707-441-9340 FAX
cbcpacificpartners.com

CO-SIGNER AGREEMENT AND APPLICATION

COSIGNING FOR:

RELATIONSHIP TO APPLICANT:

ADDRESS APPLYING FOR:

I AUTHORIZE LANDLORD OR HIS AUTHORIZED AGENTS TO VERIFY THE ABOVE INFORMATION, INCLUDING BUT NOT LIMITED TO OBTAINING A CREDIT REPORT AT APPLICANTS EXPENSE (CURRENT CHARGE IS \$25.00 FOR SINGLE APPLICANT, \$30 FOR MARRIED APPLICANTS) AND IF THIS APPLICATION IS ACCEPTED, I AGREE TO EXECUTE THE RENTAL AGREEMENT AND/OR PERSONAL GUARANTEE OF RENT. IT IS UNDERSTOOD THAT THIS APPLICATION BECOMES THE PROPERTY OF PACIFIC PARTNERS PROPERTY MANAGEMENT ONCE IT IS SUBMITTED AND WILL NOT BE RETURNED TO APPLICANT.

THE UNDERSIGNED ACKNOWLEDGES THAT HE HAS 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 AND HIS AGENT(S), INCLUDING BUT NOT LIMITED TO, RENT, CLEANING FEES, PROPERTY DAMAGE, AND ACTUAL ATTORNEY'S FEES INCURRED IN THE ENFORCING OF SAID AGREEMENT AND GUARANTEE; THAT THE UNDERSIGNED IS NOT OCCUPYING THE SAID PREMISES AND IS NOT ENTITLED TO SERVICE OF ANY OF THE STATUTORY NOTICES REQUIRED BY LAW TO BE PROVIDED OCCUPANTS. THE UNDERSIGNED FURTHER ACKNOWLEDGES THAT SAID AGREEMENT WILL REMAIN IN FORCE THROUGHOUT THE ENTIRE TERM OF SAID TENANT'S TENANCY; AND SAID AGREEMENT WILL BECOME AN INTEGRAL PART OF RENTAL AGREEMENT AND ANY CHANGES OF TERMS TO RENTAL AGREEMENT.

SIGNATURE _____

DATE _____

SIGNATURE _____

DATE _____

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CO-SIGNER AGREEMENT AND APPLICATION

_____/_____/_____
NAME HOME PHONE # DATE OF BIRTH

_____/_____/_____
HOME STREET ADDRESS CITY STATE ZIP CODE

OWN? _____ RENT? _____ IF RENTING, LANDLORD _____ PHONE # _____

_____/_____
SOCIAL SECURITY NUMBER DRIVER'S LICENSE NUMBER STATE

_____/_____/_____
EMPLOYER HIRE DATE WORK #

_____/_____/_____
EMPLOYER ADDRESS CITY STATE ZIP CODE

_____/_____/_____
POSITION SALARY PER

ANY OTHER INCOME? _____ SOURCE? _____ RELATIONSHIP TO APPLICANT _____

_____/_____/_____
NAME SECOND COSIGNER/SPOUSE HOME PHONE # DATE OF BIRTH

_____/_____/_____
HOME STREET ADDRESS CITY STATE ZIP CODE

OWN? _____ RENT? _____ IF RENTING, LANDLORD _____ PHONE # _____

_____/_____
SOCIAL SECURITY NUMBER DRIVER'S LICENSE NUMBER STATE

_____/_____/_____
EMPLOYER HIRE DATE WORK #

_____/_____/_____
EMPLOYER ADDRESS CITY STATE ZIP CODE

_____/_____/_____
POSITION SALARY PER

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