

# CO-SIGNER APPLICATION

## MANAGEMENT INFORMATION



PO Box 4182, Mankato, MN 56002-4182  
www.hompm.com  
507-344-1128 x:507-625-3439  
rent@hompm.com

## TENANT INFORMATION

Tenant's Name: \_\_\_\_\_

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

Relation to Tenant: \_\_\_\_\_

## CO-SIGNER INFORMATION

Name: First, Middle, Last

Date of Birth:

Social Security Number:

Home Phone:

Cell Phone:

Email:

Current Address:

Rent/Mortgage:

Since:

Name of Landlord/Bank:

Address of Bank/Landlord:

Phone:

Place of Employment:

Monthly Gross:

Address:

Phone:

Title:

Employed Since:

Additional Sources of Income:

Source:

Amount:

Phone:

Source:

Amount:

Phone:

*Self-Employed Applicants may need to provide the following information: Tax returns, business license, bank receipts, bank records and/or vendor names with addresses and phone numbers for verification.*

Have you ever filed for bankruptcy or are you in the process of filing bankruptcy? \_\_\_\_\_ No \_\_\_\_\_ Yes

Cosigner agrees to be jointly and severally liable with Tenant for Tenant's obligations arising out of the Tenant Lease Agreement, including but not limited to unpaid rent, property damage, and cleaning and repair costs. Cosigner further agrees that Management will have no obligation to give notice to Cosigner should Tenant fail to abide by the terms of the Tenant Lease Agreement. Management may demand that Cosigner perform as promised under this Agreement without first using Tenant's security deposit.

I hereby authorize Management to investigate my credit and financial responsibility, income, court, rental and eviction history, and the statements made in this application.

I acknowledge that the Manager and employees thereof represent the interests of Management, but that they also have a duty to treat all parties fairly and in accordance with fair housing law, and to disclose material adverse facts about the property.

I warrant and represent that I am at least eighteen years of age and that all information and answers to the above questions are true and complete to the best of my knowledge. I understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may result in criminal penalties. I understand that my application is contingent on meeting management's residential selection criteria.

### Please Submit:

• **A copy of government issued ID** If possible, please do not fax ID. If this is the only option, make a copy that is legible before faxing.

• **\$25 Application fee (NON-REFUNDABLE)**

Check

Cash

Credit Card - Visa / Discover / Master Card (please circle type card)

Security Code on Back of Card \_\_\_\_\_ Expiration Date \_\_\_\_\_

Billing Street Address Number \_\_\_\_\_ Billing Zip Code \_\_\_\_\_

You will notice the charge on your card will show up as CCL Properties

Signature: \_\_\_\_\_ Date: \_\_\_\_\_