

Property application (routing) Information:

Property Address _____

City _____, CA

Agent Name: _____



COSIGNER INFORMATION

FAX 707 822-2915

COSIGNERS NAME _____
LAST NAME FIRST NAME MI

SOCIAL SECURITY NO. _____ - _____ - _____ DATE OF BIRTH ____ / ____ / ____

PH. () _____ - _____ CELL PH () _____ - _____ EMAIL _____ @ _____

SPOUSES NAME _____
LAST NAME FIRST NAME MI

SOCIAL SECURITY NO. _____ - _____ - _____ DATE OF BIRTH ____ / ____ / ____

PRESENT ADDRESS _____
STREET APT#
CITY STATE ZIP

EMPLOYER _____
NAME OF EMPLOYER OR NAME OF BUSINESS

EMPLOYER ADDRESS _____
STREET CITY STATE ZIP

BUSINESS PHONE () _____ - _____ LENGTH OF EMPLOYMENT _____ YRS.

MONTHLY INCOME \$ _____.

RELATIONSHIP TO PROSPECTIVE TENANT _____

PROSPECTIVE TENANTS NAME _____

NOTE: AS A CO-SIGNER, YOU WILL BE REQUIRED TO SIGN THE RENTAL AGREEMENT AND BE EQUALLY RESPONSIBLE FOR THE TERMS, CONDITIONS AND PROVISIONS OF THE RENTAL AGEEMENT.

INFORMATION YOU PROVIDE MAY BE USED TO ASCERTAIN CREDIT WORTHINESS. YOUR SIGNATURE BELOW CONSTITUTES PERMISSION TO OBTAIN CREDIT INFORMATION FROM CREDIT REPORTING AGENCIES.

COSIGNER _____

DATE ____ / ____ / ____