



CO-SIGNER APPLICATION

PLEASE NOTE: Cosigner must complete the Co-signer Application. Incomplete application will not be processed.

Cosigner Application is for: _____
Applicant Name Relationship with Applicant

CO-SIGNER INFORMATION

Co-Signer Name _____ Birth Date ____/____/____ SS# ____/____/____
Driver License # _____ State _____
Present Phone (____) _____ (__cell /__ home) E-mail address _____
Present Address: _____ Own ____ Rent ____
Street Address City / State / Zip Code
Present Employer _____ Start Date ____/____/____
Address _____ Phone (____) _____ Ext. _____
City/State/Zip Code
Position _____ Immediate Supervisor _____
Part Time ____ Full Time ____ Wages/Salary \$ _____ Monthly ____ Yearly____
Other Income: \$ _____ Please describe source of income: _____

We require your verifiable income to be at least two times the rental amount monthly. You must also provide proof of income in the form of: 1.) last year W-2 form; OR 2.) 60 days of pay stubs; OR 3.) recent bank statements showing recurring deposits; OR 4.) proof of assets such as bank or mutual fund statements; OR 5.) an official letter from your employer stating salary amount.

PREVIOUS RESIDENCE HISTORY

Previous Address: _____ Own ____ Rent ____
Street Address City / State / Zip Code
If you are renting, please name the apartment community or landlord: _____
How Long? _____ Move-In Date: _____ Move-Out Date: _____ Monthly Payment: \$ _____
Reason for Leaving: _____ Phone: (____) _____

PREVIOUS EMPLOYMENT HISTORY

Previous Employer _____ How Long? _____ Supervisor _____
Address _____ Phone (____) _____
Position _____ Immediate Supervisor _____
Part Time ____ Full Time ____ Wages/Salary \$ _____ Monthly ____ Yearly____

PERMISSION TO RELEASE INFORMATION

I warrant and represent that the information submitted on this application is true and correct. I understand that any false information will constitute grounds for rejection of the application. I hereby authorize the release of all credit, income and rental/mortgage information to the agents and/or employees of Dominion Management Group. I understand that the lease agreement will not become effective until this application is approved by management.

PRINT CO-SIGNER NAME

CO-SIGNER'S SIGNATURE

DATE





Co-Signor Guarantee

THIS GUARANTEE AGREEMENT is executed by the person or persons whose name(s) is signed below. It is understood that _____ has applied to become a Tenant in the apartment community known as 414 FOREST PARK. The requirement of this Guaranty is in recognition that most of the Tenants do not have independent financial means. The guaranty shall be in force irrespective of the financial means of the Tenant. The undersigned represents that his or her relationship with the Tenant is that of _____ (Parent, Guardian, Aunt, Uncle - please specify).

The undersigned guarantor(s), their successors, assigns, and legal representatives, executing this Lease hereby guarantees, unconditionally and absolutely to the Lessor, its successors and assigns, the full and faithful performance and observance of all obligations of Lessee arising hereunder, whether now existing or hereafter arising. The obligations of the guarantor(s) shall in no way be terminated, affected or impaired by reason of the assertion by the Lessor against the Lessee of any of the rights or remedies reserved to the Lessor pursuant to the provisions of this Lease, or the granting of any indulgence or extension of time to the Lessee, or by reason of the amendment, modification, hold over, renewal or extension by the Lessee of the Lease, to all of which the guarantor(s) hereby consents in advance. If this instrument is executed by more than one guarantor, the obligations of such guarantors shall be joint and several. Guarantor(s) do not require any notice of Lessee's nonpayment nonperformance, or nonobservance of the covenants, terms, and conditions of this Lease and hereby expressly waives the right to receive such notice. Insofar as the payment by Lessee of any sums of money to Lessor is involved, this guaranty is a guarantee of payment and not of collection, and shall remain in full force and effect until payment in full to Lessor of all sums payable under the Lease. Guarantor(s) waive any right to require that any action be brought against Lessee or that resort be had to any security or to any other credit in favor of Lessee, subordinates any liability or indebtedness of Lessee held by guarantor(s) to the obligations of Lessee to Lessor under this Lease, and the benefit of any statute of limitations affecting guarantor(s)' liability.

Executed this _____ day of _____, 20__

WITNESS

Sworn and Subscribed before me this _____ day
Of _____, 20__

NOTARY NAME

My commission expires: _____

(NOTARY SEAL)

GUARANTOR SIGNATURE

PRINT NAME

SOCIAL SECURITY NUMBER

STREET ADDRESS

CITY, STATE, ZIP CODE

HOME / WORK PHONE NUMBER