

# CO-SIGNER APPLICATION FORM:

## For: Strombeck Properties

Brookside, Meadowbrook, Parkway, Hidden Grove, Woodridge & Twin Parks Apartments

Phone: 707-822-4557 Fax: 707-822-4525

**\$40.00 application fee.** Each person over the age of 18 who will be residing in (or co-signing for) the unit is to fill out their own separate application form and each pay the nonrefundable \$40.00 fee. All applications are to be dropped off @ 960 South G St. in Arcata or mailed to P.O. Box 37 Eureka, CA 95502. You can also email it to us as a file attachment to applications@strombeckproperties.com. **A copy of your photo ID is required.**

**The Co-Signer application is to be filled out with the Co-Signer's information. Co-Signer's need to have sufficient income to pay the tenants rent as well as their own living expenses.**

### APPLICANT (Co-Signer)

Date \_\_\_/\_\_\_/\_\_\_

Applicant Name: \_\_\_\_\_

LAST

FIRST

M.I.

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Email: \_\_\_\_\_

### CO-SIGNING FOR OCCUPANTS (LIST EVERYONE YOU ARE CO-SIGNING FOR):

Full Name	Relationship	Age	Occupation
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### RENTAL HISTORY (If you own your home, list 'Self' in Landlord/Manager section.)

Current Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Landlord/Manager: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Dates Occupied: \_\_\_\_\_

### EMPLOYMENT HISTORY

Current Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Supervisor's Phone: (\_\_\_\_) \_\_\_\_\_

Length of Employment: \_\_\_\_\_ Est. Annual Income: \_\_\_\_\_

### HOUSEHOLD INCOME INFORMATION

1. Your Gross Monthly Income (Before Deductions): \$ \_\_\_\_\_

2. Average Monthly Amounts of other Income (Specify Sources)

A. Are you receiving AFDC/Public Assistance? YES \_\_\_ NO \_\_\_ \$ \_\_\_\_\_

B. Are you receiving Unemployment? YES \_\_\_ NO \_\_\_ \$ \_\_\_\_\_

C. Are you receiving Food Stamps? YES \_\_\_ NO \_\_\_ \$ \_\_\_\_\_

D. Are you receiving Child Support? YES \_\_\_ NO \_\_\_ \$ \_\_\_\_\_

3. Other (spouse, etc...) \_\_\_\_\_ \$ \_\_\_\_\_

4. Total Monthly Household Income (Sum of lines 1, 2 & 3) \$ \_\_\_\_\_

**Total gross yearly income**

\$ \_\_\_\_\_

### MISCELLANEOUS

Have you or the tenant,

Ever been convicted of a felony?

YES \_\_\_\_\_ NO \_\_\_\_\_

If "YES", what was the conviction?

\_\_\_\_\_

Have you ever:

Filed for bankruptcy?

YES \_\_\_\_\_ NO \_\_\_\_\_

Been sued?

YES \_\_\_\_\_ NO \_\_\_\_\_

Been evicted?

YES \_\_\_\_\_ NO \_\_\_\_\_

If you answered, "YES" to any of the above, please explain:

\_\_\_\_\_

**EMERGENCY CONTACT**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

I CERTIFY THAT ALL THE INFORMATION GIVEN ABOVE IS TRUE AND CORRECT AND UNDERSTAND THAT MY LEASE OR RENTAL AGREEMENT MAY BE TERMINATED IF ANY MISREPRESENTATION IS FOUND IN THIS APPLICATION. I AUTHORIZE VERIFICATION OF ANY OF THE INFORMATION AND REFERENCES PROVIDED IN THIS APPLICATION. I UNDERSTAND THAT THIS APPLICATION WILL BE RETAINED REGARDLESS OF APPROVAL. IN ADDITION TO ALL SUMS DUE PRIOR TO OCCUPANCY, I AGREE TO PAY A **NONREFUNDABLE FEE OF \$40.00, WHICH SHALL BE USED TO OBTAIN A REPORT ON MY CREDIT FROM A CREDIT REPORTING AGENCY.**

**BY SIGNING BELOW, I UNDERSTAND THAT I AM JOINTLY AND SEVERALLY RESPONSIBLE WITH THE TENANT FOR ANY AND ALL FINANCIAL OBLIGATIONS OF THE TENANT UNDER THE LEASE AGREEMENT INCLUDING BUT NOT LIMITED TO RENT, DEPOSITS, FEES, OR OTHER CHARGES AS A RESULT OF DAMAGE TO THE UNIT. AS A COSIGNER, I WILL NOT RESIDE IN THE PREMISES.**

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