

CO-SIGNER APPLICATION

| Applicant Name(s) | | | |
|---|----------------|-------------|-----------|
| Co-signer Name | | _ | |
| Co-signer SSN# | | | |
| Email | Phone | | |
| Preferred Method of Contact: Phone () Text () Email (|) | | |
| ADDRESS | | | |
| Current Address | City | State | _ Zip |
| Rent() Own() Monthly Rent/Mortgage Payment \$ | | | |
| Landlord/Mortgage Holder | Contact Number | | |
| INCOME | | | |
| Employer | How Long? | _ Income \$ | per month |
| Other Income Source | | \$ | |
| Please read this carefully and sign: | | | |

We are required to notify you that as part of our procedure for processing your application, we may investigate your credit history, employment history and general background. By signing below, you hereby grant permission for us to do so. In addition, signing below certifies that all of the above information is true, correct and complete to the best of your knowledge.

All leases are joint and severally liable and an approved co-signer is guaranteeing the lease, not an individual tenant. *Credit information will be verified by Regal Property Management LLC.* Above-mentioned co-signer must be present to sign Lease Agreement in person or in presence of a notary. A satisfactory credit rating is necessary to be accepted as a co-signer. By signing below, you grant permission to conduct a credit check. This form alone does not bind co-signer to any obligations of the lease.

SIGNITURE OF CO-SIGNER

| / | / | |
|------|---|--|
| DATE | | |

Regal Property Management LLC subscribes to all federal, state and local fair-housing laws.

 FOR OFFICE USE ONLY:

 Date Received______ Date/Time Approve Denied ______ Notified______

 RTI______ Credit______

 NOTES:

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