

# CO-SIGNER APPLICATION

**Sharp Property Management**  
**PO Box 1814 ~ 970 14<sup>th</sup> Ave, Longview, WA 98632**  
**360-636-2323 Fax: 360-575-9740**  
 www.sharppropertymanagement.net

Applicant you are applying to co-sign for \_\_\_\_\_ Address \_\_\_\_\_  
 Relationship to Applicant(s) \_\_\_\_\_

**Please provide picture I.D. and Social Security Card for each adult applicant, and proof of income.**

COSIGNER	YOUR SPOUSE
Name	Name
Martial Status	
Social Security #	Social Security #
Date of Birth	Date of Birth
Drivers Lic/ID#	Drivers Lic/ID#

**Source of Income (Last 2 years – CURRENT EMPLOYMENT FIRST)**

Name & Address	Phone #	Date Hired	Monthly Income

Present Address (including city and state)	Date Move-In	own	rent	Landlords Name Or Mortgage Company	Landlords Phone #	Monthly Rent

**REFERENCES**

Bank \_\_\_\_\_ Checking # \_\_\_\_\_ Savings # \_\_\_\_\_ Loan \_\_\_\_\_

Have you ever had a credit problem (i.e., slow payment, repossession, wage earner plan, bankruptcy, etc.)? Yes  No  If yes, please explain:

Sharp Property Management will not discriminate against any person on the grounds of age, race, color, creed, religion, sex, handicap or national origin. The foregoing information is true to the best of my knowledge. With your signature below you authorize Sharp Rentals to obtain credit reports, character reports, criminal records check, rental history and income verification as necessary. It is understood that if this application is accepted, it shall become part of the rental agreement. I also acknowledge that I/we have read the NOTICE TO PROSPECTIVE COSIGNERS information sheet attached to this application.

\_\_\_\_\_  
 APPLICANT APPLICANT

\_\_\_\_\_  
 Your phone number Message phone number Date

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**Longview, WA 98632**  
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***APPLICANT INFORMATION RELEASE FORM***

I hereby authorize Sharp Property Management, Inc to conduct a credit, employment and criminal records check. I authorize any person, business, or government agency contacted by Sharp Property Management, Inc to disclose in good faith any information they may have regarding my qualifications as a tenant, employee, (including wage verification) or HUD client. I agree to hold any person releasing such information free from any liability for exchange of this information.

Applicant Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

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



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**CO-SIGNER'S RESPONSIBILITIES**

Your name has been submitted by a friend or relative as a co-signer on their rental agreement with Sharp Property Management. Before their application can be approved with you as a co-signer, we require that you read the following list co co-signer responsibilities and sign the bottom of this page acknowledging your awareness of these responsibilities.

By completing the rental application and signing the rental agreement along with the applicant, you are agreeing to:

1. Permit an evaluation of your application including a credit report obtained from Experian.
2. Pay any delinquent rents not paid by the tenant.
3. Minimize any damage caused by tenant.
4. Assist Sharp Property Management in evicting the tenant if the tenant violates the rental agreement.
5. Pay for any damages caused by the tenant.
6. Pay any additional rent required by tenant not giving adequate written notice, 20 days prior to the end of the rental period.
7. Pay any legal costs associated with this rental.
8. Accept responsibility for all occupants listed on the rental application/agreement. (For example, if you co-sign for your daughter and boyfriend/husband and she moves out, you are still responsible for the unit until it is vacated.) This guarantee is not revocable for any reason as long as tenant(s) remain in possession.

In the event we cannot collect from either you or the tenant, it may be necessary to obtain legal judgment against you as the co-signer for unpaid rents and damages. In extreme cases, we may have to resort to liens, garnishments and foreclosure actions of the co-signer's property to protect our client's financial interests.

If you have any questions regarding your responsibilities as a co-signer, please discuss them with your attorney before signing this form.

Your signature on this document indicates that you understand your responsibilities as a co-signer and you have received a copy of this document.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**