

CO-SIGNER APPLICATION FORM:

For: Strombeck Properties

Brookside, Meadowbrook, Parkway, Hidden Grove, Twin Parks & Westwood Garden 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: _____/_____/_____