RENTAL APPLICATION
CO-SIGNER

Address of this rental_____

Applicant(s) _____

Co-signer_____ _____ _____
First Middle Last

Birthdate_____ Phone # _____

Soc.Sec.#--last 4 xxx – xx - _____ Driver's lic. #_____

Address _____

_____

Buying home _____ Renting _____

If renting, manager _____ Ph. # _____

Co-signer current employer_____

Position_____

Address_____

Supervisor_____Ph._____

Dates employed_____ to_____ Hrs./wk._____ Salary_____

If current employment is less than two years:

Co-signer previous employer_____

Position_____

Address_____

Supervisor_____Ph._____

Comments or questions: _____

_____

_____

I understand that by co-signing the Rental Application for the above named applicant(s), I agree to pay for rent, late fees, cleaning and damages, if any, caused by but not reimbursed by said applicant/tenant(s). This is binding upon me until I receive notice in writing from the owner that I am no longer co-signer.

Return completed application by: 1) scan & email to john@lowryrentals.com 2) Fax to 253-445-1582. If faxed, call to inform fax was sent. 3) Mail to Lowry Rentals, P. O. Box 1648, Milton, WA. 98354-1648, tel. 253-841-4948

_____ _____
Co-signer signature Date