



# CO-SIGNER AGREEMENT

THIS FORM IS REQUIRED IF THE FOLLOWING APPLY:

1. If you are a student and a parent/guardian or financial aid subsidizes (provides) your income.
2. You have bad credit or not enough credit.
3. You do not have a least two rental histories.
4. You do not have an income that equals three times the amount of rent and can be verified.

I \_\_\_\_\_,

(Co-signer's name)

In execution of this rental agreement do hereby guarantee that

\_\_\_\_\_,

(Applicant's Name)

will pay all rents due and will perform all the terms and conditions such as per the signed rental/lease agreement. If the resident fails to perform any said conditions of the rental/lease agreement, including but not limited to payment of rent, damage to the unit, cleaning of the unit; I, the cosigner, will take responsibility and pay any and all amounts owed. In the event that this case is brought to court to enforce the performance of this agreement, each party shall be responsible for their own attorney's fees and court costs.

I have read and agree to the terms and conditions of this form and so hereby agree to bind by them.

Signature of Co-signer \_\_\_\_\_ Date \_\_\_\_\_

## CO-SIGNER INFORMATION

\_\_\_\_\_  
Last Name First Name Middle Name

Relationship to Applicant \_\_\_\_\_

Current Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Social Security # \_\_\_\_\_

Date of Birth \_\_\_\_\_

Driver's License # \_\_\_\_\_

Employment \_\_\_\_\_ How long \_\_\_\_\_

Income \_\_\_\_\_ Month/Year

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Co-signer verifies the above information to be true, correct and complete and hereby authorize verification of the information provided. Co-signer understands and consents that a credit report may be required and obtained by Bode Suites and Rentals.

Signature of Co-signer \_\_\_\_\_ Date \_\_\_\_\_

**Please fax completed Co-signer Agreement to Bode Suites and Rentals – (707) 443-0862 or email to [info@bodesuitesandrentals.com](mailto:info@bodesuitesandrentals.com)**