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**Co-Signer Information Sheet**

Co-Signer Personal Information:

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_\_ Zip Code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Co-Signer Employment Information:

Current Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_\_ Zip Code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gross Income Per Month:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Income:\_\_\_\_\_\_\_\_\_\_\_\_\_/per month Source of Income:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Income:\_\_\_\_\_\_\_\_\_\_\_\_\_/per month Source of Income:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Co-Signer Agreement to Conduct a Credit Check and Verification of Employment and Income:**

Please read carefully and sign and date below if you agree. Co-Signer represents that all of the above information is true and correct and hereby authorizes Landlord or Landlord’s management company to make all inquiries deemed necessary to verify all information and facts related to Co-Signer’s credit history, employment and income information, including obtaining credit reports, to determine whether Co-Signer is qualified based on the Co-Signer Screening Criteria. This verification includes, but is not limited to, direct contact with Applicant’s employers, government agencies, consumer reporting agencies, public records, and any other sources of information which the Landlord or Landlord’s representative may deem necessary. Co-Signer understands that false or misleading information or the failure to disclose any information that is being requested is grounds for immediate disqualification. If Co-Signer is self-employed, Co-Signer agrees to provide Landlord or Landlord’s management company with tax returns for the previous two years and Co-Signer’s two most recent bank statements.

Should Co-Signer be denied or face other adverse action based on information received in a consumer report, Co-Signer has a right to obtain a free copy of the consumer report, and to dispute the accuracy of the information it contains by contacting the Consumer Reporting Agency:

Name: RentPrep

Address: 4534 Clinton St. Ste. 2 West Seneca, NY 14224 Phone: 1 (888) 877-8501

Co-Signer hereby waives any claims and releases from liability any person providing or obtaining said verification or additional information in relation to Co-Signer.

Co-Signer Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Subscribed and sworn to before me

this \_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Public

**PLEASE NOTE: THIS FORM MUST BE NOTARIZED AND THE ORIGINAL**

**RETURNED TO LANDLORD OR LANDLORD’S MANAGEMENT COMPANY.**