

CO-SIGNER/PARENT/PARENT INFORMATION FORM

CO-SIGNER APPLICANT'S INFORMATION

Applicant (Last) _____ (First) _____ (Middle) _____
 Social Security # _____ Date of Birth ____/____/____ Driver's License # _____ State _____
 Employer _____ How Long? _____ Position _____
 Gross Income \$ _____ per _____ Business Phone (____) _____ Supervisor _____
 Employer's Full Address _____
 Previous Employer(if less than 6 mo. at present job) _____
 Employer's Full Address _____ Position _____
 Business Phone(____) _____ Supervisor _____ How Long? _____

CO-SIGNER SPOUSE'S INFORMATION

Applicant (Last) _____ (First) _____ (Middle) _____
 Social Security # _____ Date of Birth ____/____/____ Driver's License # _____ State _____
 Employer _____ How Long? _____ Position _____
 Gross Income \$ _____ per _____ Business Phone (____) _____ Supervisor _____
 Employer's Full Address _____
 Previous Employer(if less than 6 mo. at present job) _____
 Employer's Full Address _____ Position _____
 Business Phone(____) _____ Supervisor _____ How Long? _____

RESIDENCE HISTORY

Present Address _____
 City _____ State _____ Zip _____ Rent \$ _____
 Home Phone (____) _____ Reason Moving _____
 Present Landlord _____ Phone (____) _____ How Long? _____
 Present Address is (Circle One) Own Home Parents Home Apt Rented Home Student
 Previous Address _____
 City _____ State _____ Zip _____ Rent \$ _____
 Home Phone (____) _____ Reason Moving _____
 Previous Landlord _____ Phone (____) _____ How Long? _____

I, the Parent or Legal Guardian of _____, understand and agree that if _____ fails to meet the financial responsibility of his/her Lease Agreement, including all damages or rents due to the breach of Lease, with Phillips Management Group, I will accept full responsibility for him/her. I also understand that the information on this application will be submitted for a Credit History, Rental History, Criminal History and Employment History for approval of this application.

THIS FORM MUST BE NOTARIZED IF PARENT/GUARDIAN CAN NOT BE PRESENT AT RENTAL OFFICE WHEN THIS RENTAL FORM IS SIGNED. IF PRESENT YOU MAY BE REQUIRED TO RETURN THIS FORM TO LEASING AGENT WITH CURRENT PAY STUB OR W-2. FURTHERMORE, IN SOME CIRCUMSTANCES YOU MAY BE REQUIRED TO SHOW AN ORIGINAL SOCIAL SECURITY CARD.

Parent/Gaurdian _____ Date _____

Parent/Gaurdian _____ Date _____

Notary Public _____ My Commission Expires _____

County/State _____

FOR OFFICIAL USE ONLY

Management Processing Agent _____ Date Received _____ Time Received _____

1) APPLICANT'S INFORMATION FROM DRIVER'S LICENSE:

Name _____ Address _____
 License # _____ Exp. Date ____/____/____ Birthday ____/____/____

2) PAY STUB/W-2: Gross Income _____ Net Income _____ (Circle One) Wk Bi-Weekly Monthly

3) RENTAL REFERENCES:

Spoke with _____ Date ____/____/____ Initials _____

4) EMPLOYER OF APPLICANT #1 _____ Position _____

Net Salary _____ Length of Employment _____
 Spoke with _____ Date ____/____/____ Initials _____

5) EMPLOYER OF APPLICANT #2 _____ Position _____

Net Salary _____ Length of Employment _____
 Spoke with _____ Date ____/____/____ Initials _____

REASON FOR DENIAL _____ APPROVED DISAPPROVED (Circle One)

APPLICATION FEE _____ DEPOSIT/ADM FEE _____

APT# _____ APT SIZE _____ MOVE-IN DATE ____/____/____

MONTHLY RENT _____ PRO RATED RENT _____ LENGTH OF LEASE _____

DUE _____