

CO-SIGNER/PARENT APPLICATION FORM

CO-SIGNER - APPLICANTS 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, rents 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 FORM IS SIGNED. IF PRESENT YOU MAY BE REQUIRED TO RETURN THIS FORM TO LEASING AGENT WITH CURRENT VALID DRIVER'S LICENSE OR PHOTO ID FOR VERIFICATION. ALSO, YOU MAY BE REQUIRED TO SHOW A CURRENT PAY STUB OR W-2. FURTHERMORE, IN SOME CIRCUMSTANCES YOU MAY BE REQUIRED TO SHOW AN ORIGINAL SOCIAL SECURITY CARD.

Parent/ Guardian Date

Parent/Guardian Date

Notary Public: My Commission Expires:

County/State:

FOR OFFICE 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

Net Salary Length of Employment

Spoke with Date Initials

5)EMPLOYER OF APPLICANT #2

Net Salary Length of Employment

Spoke with Date Initials

APPROVED DISAPPROVED (Circle One)

REASON FOR DENIAL:

APPLICATION FEE DEPOSIT/ADM FEE

APT# APT SIZE MOVE-IN DATE

MONTHLY RENT PRO-RATED RENT LENGTH OF LEASE

DUE