"Proudly family owned since 1971!"

101 Ken Del Dr, Shawnee, OK 74804, (405) 275 - 7744

Co-Signer Application

The undersigned is applying as a co-signer for (applicant's name): _____

Full name: _____ Phone: _____

Email: _____

DOB: _____ SSN: _____ DL#: _____

History

Current address: _____

How long have you lived at this address? _____

Reason for leaving: _____

Owner/Agent: _____ Phone: _____

Previous address (if less than 3 years): _____

How long were you at this address? _____

Owner/Agent: _____ Phone: _____

Employment Status

Full Time [ ] Part Time [ ] Student [ ] Unemployed [ ] Retired [ ]

Employer: _____

Address: _____

Start date: _____ Title: _____ Supervisor name: _____

Employer contact: _____ Salary: _____

I UNDERSTAND THAT AS A PART OF THE PROCEDURE FOR PROCESSING MY APPLICATION, A CREDIT REPORT WILL BE OBTAINED WHEREBY INFORMATION IS COLLECTED FROM THE CREDIT BUREAU, PREVIOUS LANDLORDS, AND OTHERS WHOM I MAY BE ACQUAINTED. THIS INQUIRY INCLUDES, BUT IS NOT LIMITED TO, INFORMATION REGARDING PAYMENT HISTORY, CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS, AND MANNER OF LIVING.

******A $50 CO-SIGNER FEE IS DUE UPON MOVE IN TO COVER THE COST OF THE CREDIT REPORT & FINANCIAL LIABILITY OF APPLICANT.******

The information contained herein, to the best of my knowledge, is true & correct.

Signature of co-signer: _____

Signature of applicant: _____

Office signature: _____ Date: _____