

CO-SIGNER APPLICATION



Name of Applicant(s) who will be residing in the unit _____

Cosigner Name _____ Date of Birth _____

First

MI

Last

Social Security # _____ Driver's License #/ State _____ / _____

Phone # _____ Email Address _____

Current Address _____

City

State

Zip

Rent/Equity Loan Pymt \$ _____ Landlord/Equity Lender _____ Phone # _____

Current Employer _____ Address _____

Position _____ Monthly Gross Income \$ _____ Start Date _____ Phone # _____

ADDITIONAL DOCUMENTS REQUIRED FOR PROCESSING: PROOF OF INCOME – PLEASE SUBMIT WITH APPLICATION

You are being asked to guarantee a lease with Argosy Properties LLC, Cherrywood Properties LLC, or Sutter Place Apartments (hereby referred to as Landlord) for the above-named applicant(s). You will be held responsible for any monetary obligations the tenant does not pay including rent, late fees, damage charges, and collection fees. The reason for this application is for a greater understanding of this obligation and an agreement that you will accept this responsibility. Landlord can collect rent from you without first trying to collect from tenant. Landlord can use the same collection methods against you that can be used against the tenant. If a lease is entered into, and the account goes to collection, that fact may become part of your credit record.

The Co-Signer Application must be filled out completely, signed and delivered to our office within three (3) days after the initial execution of the Rental Application. If the Co-Signer Application is not received within a three (3) day period, the unit applied for will be put back on the rental market. See page 2 for cosigner qualifications.

I hereby state that the information in this application is complete and accurate and authorize Landlord to verify the above information through a consumer reporting agency (*Tenant Data Services, Inc., 1-800-228-1837*). The function of this agency is to track and maintain records, such as resident conduct and credit history. *Tenant Data Services, Inc.* will obtain a credit report on all applicants.

I UNDERSTAND A COSIGNER APPLICATION FEE OF \$25.00 MUST BE PAID BEFORE APPLICATION WILL BE PROCESSED.

Print: _____ Signature: _____ Date: _____

OFFICE USE ONLY

RECEIVED BY: _____ DATE: _____ APP FEE: M.O./C.C. # _____

VERIFICATIONS RECEIVED: INCOME YES NO N/A RENTAL YES NO N/A

APPROVED: YES NO REASON _____ ADVERSE ACTION FORM: MAILED: _____

REQUEST FOR RESIDENCY VERIFICATION AND REFERENCE

The following person(s) named below have made an application to cosign an apartment rental with us. You are listed as having rented to the applicant. Your prompt response is sincerely appreciated. Please return via the e-mail address below. Thank you!

Argosy & Cherrywood Apartments
Ph: 402-464-9383
argosy@liveirionoaks.com
cherrywood@liveirionoaks.com

Sutter Place Apartments
Ph: 402-483-2068
sutter@liveirionoaks.com

I/We _____ give permission to Argosy Properties LLC, Cherrywood Properties LLC, and/or Sutter Place Apartments to obtain any information regarding my/our rental history from my/our current and past landlords.

Applicant Signature _____ Date _____

Applicant Signature _____ Date _____

Applicant Name(s): _____

Listed Address: _____

Dates of Occupancy: _____ Was the lease term fulfilled? Yes No

Was Notice to Vacate Given? Yes No

If notice given by Landlord, please briefly explain: _____

Any noise or other complaints? _____

Rent:	
Monthly Amount: \$ _____	
Paid:	
<input type="checkbox"/> On Time	
<input type="checkbox"/> Occasionally Late	
<input type="checkbox"/> Often Late	
NSF checks? Yes No	
If yes, how many? _____	
Outstanding Balance Due?	
\$ _____	

Security Deposit:	
Amount: \$ _____	Refunded? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial
If not fully refunded, why? _____	
Would you rent to this person again? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you related to this person? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Signature _____	
Title _____	Date _____

COSIGNER APPROVAL CRITERIA

Cosigner applications will be evaluated using the following criteria:

COSIGNER QUALIFICATIONS

- Must be over the age of 18 and cannot reside in the same unit with whom you will be cosigning for.
- Must be a resident of Nebraska
- Must have at least six months of verifiable good rental or home ownership history from an unbiased source within the 2 years.
- Must have a satisfactory credit history, which we will determine by your Transunion Credit Report provided to us via Tenant Data Services, Inc.
- Income must meet or exceed 3-3.5 times* the applicant's share of the rent; or provide proof of at least 3-3.5 times* the applicant's share of the rent times the lease term in a bank account (e.g. savings, money market, mutual funds, etc.). *Rate dependent upon size of unit applied for: Efficiency & 1 Bedroom = 3.5 times, 2 & 3 Bedroom = 3 times.

PROOF OF INCOME

- You will be required to provide proof of your monthly income (via a copy of your paystubs (most recent 30 days' worth), student loan award letter, social security or disability statement, or other documentation reasonably requested by Landlord).