

COSIGNER APPLICATION

Phone 1-888-FINDERS www.chicagoapartmentfinders.com

Applicant's name:							
Rental Address:						Unit:	
Rent: \$		Admin	Fee: \$	Security Deposit: \$		Pet Fee/Deposi	t: YES NO
						•	
COSIGNER'S INFORM	ATION						
Name:				Relationship to Applicant:			
Email:				Phone:			
SSN:				D.O.B:			
Driver's License:				State:			
Address:				City:		State:	Zip:
CURRENT ADDRESS: Rented Owned Other If you rent, please fill out below:							
Current Landlord Name:			Current Landlord Phone:				
Lease Terms:	From:		То:	Monthly Rent: \$			
INCOME: ☐ Employed ☐ Self-Employed ☐ Retired							
Current Employer:							
Address:				City:		State:	Zip:
Position:				Hire Date:			
Supervisor:				Phone:			
Annual Salary: \$		Additional Income Source:		Total Annual Income: \$			
AUTHORIZATION ANI Coldwell Banker Rental			roperties and tenants, but does not a	accept or reject any application	on. The final rev	iew and determination re	egarding the suitability of
the prospective tenant rests solely with the landlord. I authorize Coldwell Banker Rental Division and/or a representative of the landlord to check my credit, criminal record, employment and rental history and share that information with the property owner and/or representative of the landlord. Coldwell Banker Rental Division cannot be held responsible for any lease							
terms agreed between landlord and tenant or any errors or omissions on the lease.							
SIGNATURE				DATE			

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