Co-Signer Assistance Application

Applicant Information

Full Name: _____

Date of Birth: _____

Phone Number: _____

Email Address: _____

Current Address

Street Address: _____

City/State/ZIP: _____

How long at this address? _____

Household Information

Total Household Members: _____

Names & Ages of Occupants: _____

Employment / Income

Employer Name: _____

Employer Phone: _____

Monthly Income: _____

Sources of Income:

- ☐ Employment
- ☐ Unemployment
- ☐ Social Security
- ☐ Child Support
- ☐ Other

Rental Information

New Rental Address: _____

Monthly Rent: _____

Landlord Name: _____

Landlord Phone: _____

Co-Signer Assistance Request

Reason you are requesting a co-signer:

- ☐ Low Credit Score
- ☐ Limited Rental History
- ☐ Insufficient Income
- ☐ Other

Requested Assistance:

- ☐ Co-Signer Referral
- ☐ Documentation Support
- ☐ Additional Deposit Support

Documentation Assistance Needed

- ☐ Pay Stubs
- ☐ Employment Verification Letter
- ☐ Rental History / Landlord Letter
- ☐ Government ID Copy
- ☐ Other

Applicant Certification

I certify that the information provided is true and complete to the best of my knowledge.

Signature: _____