

# CORA BETT THOMAS PROPERTY MANAGEMENT

CoraBettThomas.com

## Cosigner Application

ADDRESS APPLYING FOR: \_\_\_\_\_

Name of your Child or Guardian: \_\_\_\_\_

Please list the names of all other occupants: \_\_\_\_\_

Date: \_\_\_\_\_ Expected Move-in Date \_\_\_\_\_ Monthly Rent \$ \_\_\_\_\_

-----  
Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ SS #: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Present Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Length of Residency \_\_\_\_\_ Rental Amount: \_\_\_\_\_ Type of lease and expiration date: \_\_\_\_\_

Landlord: \_\_\_\_\_ Landlord's Phone \_\_\_\_\_ Fax: \_\_\_\_\_

Have you ever filed bankruptcy? \_\_\_\_\_ Have you ever been evicted? \_\_\_\_\_

Previous Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Length of Residency \_\_\_\_\_ Rental Amount: \_\_\_\_\_ Type of lease and expiration date: \_\_\_\_\_

Landlord: \_\_\_\_\_ Landlord's Phone \_\_\_\_\_ Fax: \_\_\_\_\_

-----  
Employer \_\_\_\_\_ Supervisor: \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Position: \_\_\_\_\_ Annual Salary: \$ \_\_\_\_\_

Date started: \_\_\_\_\_ Comments: \_\_\_\_\_

Previous Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Position: \_\_\_\_\_ Annual Salary: \$ \_\_\_\_\_

Start and End Dates: \_\_\_\_\_ Comments: \_\_\_\_\_

List any other sources of income: \_\_\_\_\_

-----  
*I declare that the statements above are true and correct, and I hereby authorize verification of references, income, and a credit check. **At the same time, I am leaving a holding deposit in the amount of \$ \_\_\_\_\_ .00.** When the application is approved, the holding deposit will be deposited and is nonrefundable. If the application is denied, the holding deposit will be fully refunded. The holding deposit will transfer to a security deposit when the lease is fully executed.*

Cosigner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

APPLICATION APPROVED ON \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (Date)

BY: \_\_\_\_\_ (Name)

15 East York Street. Savannah, GA 31401 T: 912.234.4406 F: 912.233.0340