



PREMIER
REAL ESTATE MANAGEMENT, LLC

19105 WEST CAPITOL DRIVE, SUITE 200 ■ BROOKFIELD, WISCONSIN 53045 ■ 262.790.4560 ■ FAX 262.790.4570

CO-SIGNER APPLICATION/ADDENDUM

Applicant's Name: _____
Address of Unit Applying For: _____

Co-Signer: _____ Phone: _____
Address: _____ Years There: _____
City, State, Zip: _____
Previous Address: _____ Years There: _____
City, State, Zip: _____
Date of Birth: _____ Social Security Number: _____
Employer: _____
Address: _____ Years Employed: _____
City, State, Zip: _____
Gross Monthly Income: _____ Position: _____
Supervisor: _____ Phone Number: _____

Co-Signers Spouse: _____ Phone: _____
Address: _____ Years There: _____
City, State, Zip: _____
Previous Address: _____ Years There: _____
City, State, Zip: _____
Date of Birth: _____ Social Security Number: _____
Employer: _____
Address: _____ Years Employed: _____
City, State, Zip: _____
Gross Monthly Income: _____ Position: _____
Supervisor: _____ Phone Number: _____

Current Rent/House Payment: _____
Current Landlord/Mortgage Holder: _____
Contact Person: _____
Address: _____ Phone: _____

The Fair Credit Reporting Act requires that we notify you that as part of our normal procedure, a routine inquiry may be made. This inquiry will provide applicable information concerning character, general reputation, personal characteristics and mode of living.

Co-signer(s) grant(s) permission to check all references and credit information. To the best of my knowledge, all of the above information is true.

Signature Date

Signature Date

GUARANTEE FOR: In consideration of Landlord's agreement to this lease, the undersigned guarantees the payment of all amounts due under the lease and performance of the covenants by the tenants.

Tenant's Name

Co-Signer Signature Date

Co-Signer Signature Date

Manager's Signature Date

