

Strombeck Properties

CO-SIGNER APPLICATION FORM:

Brookside, Meadowbrook, Parkway, Woodridge, & Hidden Grove Apartments

Phone: 707-822-4557 Fax: 707-822-4525

\$20.00 application fee. Each person over the age of 18 who will be residing in (or Co-Signing for) the unit is to fill out their own separate application form and each pay the non-refundable \$20.00 fee. All applications are to be dropped off at 960 South G St, Arcata CA 95521 or mailed to PO Box 37 Eureka, CA 95502. You can also submit your application via fax or as an email attachment to: Jessica@strombeckprop.com. **Please include a copy of your photo ID (state ID or driver's license preferred).**

The Co-Signer application should only include the Co-Signer's information. Co-Signers need to have sufficient income to pay the tenants rent as well as their own living expenses.

APPLICANT (Co-Signer)

Applicant Name: _____
LAST FIRST M.I.
Social Security #: _____ Date of Birth: ____/____/____
Home Phone: (____) _____ Work Phone: (____) _____
Cell Phone: (____) _____ Email: _____
Driver's License #: _____ State Licensed: _____
Vehicle License #: _____ Vehicle Description: _____

TENANTS (List everyone you are Co-Signing for)

Full Name: _____ Relationship: _____ Age: ____ Occupation: _____
Full Name: _____ Relationship: _____ Age: ____ Occupation: _____
Full Name: _____ Relationship: _____ Age: ____ Occupation: _____
Full Name: _____ Relationship: _____ Age: ____ Occupation: _____

RENTAL HISTORY (If you own your home, please list "Self" in Landlord/Manager section)

Current Address: _____ City: _____ State/Zip: _____
Landlord/Manager: _____ Phone: (____) _____
Dates Occupied: _____

EMPLOYMENT HISTORY

Current Occupation: _____ Employer: _____
Address: _____ City: _____ State/Zip: _____
Supervisor's Name: _____ Supervisor's Phone: (____) _____
Length of Employment: _____ Est. Annual Income: \$ _____

HOUSEHOLD INCOME INFORMATION

1. Your Gross Monthly Income (Before Deductions): \$ _____
2. Average Monthly Amounts of other Income (Specify Sources)
a. Are you receiving AFDC/Public Assistance? YES__ NO__ \$ _____
b. Are you receiving Unemployment? YES__ NO__ \$ _____
c. Are you receiving Food Stamps? YES__ NO__ \$ _____
d. Are you receiving Child Support? YES__ NO__ \$ _____
3. Other (spouse, etc...) _____ \$ _____
4. Total Monthly Household Income (Sum of lines 1, 2 & 3) \$ _____

MISCELLANEOUS

Have you or any of the tenants ever been convicted of a felony? YES __ NO __

If yes, please explain:

Have you ever:

- Filed for bankruptcy? YES __ NO__

- Been sued? YES __ NO__

- Been evicted? YES __ NO__

If you answered yes to any of the above, please explain:

EMERGENCY CONTACT

Name: _____ Relationship: _____

Address: _____ City: _____ State/Zip: _____

Phone: (____) _____

I CERTIFY THAT ALL INFORMATION GIVEN ABOVE IS TRUE AND CORRECT AND UNDERSTAND THAT MY LEASE OR RENTAL AGREEMENT MAY BE TERMINATED IF ANY MISREPRESENTATION IS FOUND IN THIS APPLICATION. I AUTHORIZE VERIFICATION OF ANY GIVEN INFORMATION AND REFERENCES PROVIDED IN THIS APPLICATION. I UNDERSTAND THIS APPLICATION WILL BE RETAINED FOR THREE MONTHS, REGARDLESS OF APPROVAL. IN ADDITION TO ALL SUMS DUE PRIOR TO OCCUPANCY, I AGREE TO PAY A **NON-REFUNDABLE FEE OF \$20.00,** WHICH SHALL BE USED TO OBTAIN A REPORT OF MY CREDIT FROM A CREDIT REPORTING AGENCY.

Signature: _____ Date: ____/____/____