

CO-SIGNER APPLICATION

NOTE : By Signing this form , you are agreeing to release information to Locators LTD and become a co-signer if the application is approved.

Name of Person for whom you are co-signing: _____ Address of unit Applied for _____

Relationship to that person _____

Co-signer's Name _____ Date of Birth _____

Social Security # _____ Driver's License _____

Present Address _____ Own Rent

If Rent,

Landlord Name _____ Phone _____

If less than 3 years at above address, list Previous Address

_____ Own Rent

If Rent,

Landlord Name _____ Phone _____

Present Occupation _____

Employer Address _____ PHONE _____

How long

with employer _____ Shift: Day Night Supervisor Name _____

Subject to transfer? No Yes

Monthly

Total Income \$ _____ How long has this been your income? _____

If less than one year at present job,

list previous job information _____

1. Credit Reference _____ Balance Owed _____

2. Credit Reference _____ Balance Owed _____

3. Bank or Credit Union Reference _____

Address _____

Checking Account or Share Draft Number

Savings Account

Number _____

I authorize information to be checked for verification. If any of above answers are found to be incorrect, the co-signer will be rejected. I also authorize: verification of employment, bank accounts, credit history, & rental history (Including a Credit Bureau Report). I declare that my rental\home ownership history and credit records are in good standing. Both parties agree that a facsimile signature is legal & binding on both parties

Co-Signer's

SIGNATURE _____ DATE _____