



## Property Resources, Inc.

THIS FORM CANNOT BE ACCEPTED UNLESS IT HAS BEEN NOTARIZED.

APPLICATION NAME: \_\_\_\_\_

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

### CO-SIGNER INFORMATION

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
LENGTH OF OCCUPANCY: \_\_\_\_\_  
RESIDENTIAL PHONE: \_\_\_\_\_  
MORTGAGE/LANDLORD: \_\_\_\_\_  
SSN: \_\_\_\_\_ DOB: \_\_\_\_\_  
DRIVER LICENSE: \_\_\_\_\_ EXP: \_\_\_\_\_  
BANK NAME & ADDRESS: \_\_\_\_\_  
Email ADDRESS: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_  
BUSINESS ADDRESS: \_\_\_\_\_  
LENGTH OF EMPLOYMENT: \_\_\_\_\_  
BUSINESS PHONE: \_\_\_\_\_  
SUPERVISOR: \_\_\_\_\_  
SALARY: \_\_\_\_\_  
POSITION HELD: \_\_\_\_\_  
PRIOR EMPLOYER: \_\_\_\_\_ PHONE: \_\_\_\_\_  
POSITION HELD: \_\_\_\_\_

IN THE EVENT OF AN EMERGENCY, IF YOU CANNOT REACH ME PLEASE CONTACT:

NAME \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_

### CO-SIGNER AGREEMENT

I, \_\_\_\_\_, AGREE TO BE HELD RESPONSIBLE FOR RENTAL PAYMENTS FOR  
IS RESIDING AT \_\_\_\_\_, WHO IS \_\_\_\_\_ (RELATIONSHIP) WHILE HE/SHE  
COLORADO. IN THE EVENT THAT \_\_\_\_\_ DOES NOT MAKE THE RENT PAYMENTS  
I WILL IMMEDIATELY SUBMIT PAYMENT. I UNDERSTAND THAT RENT IS DUE ON THE 1ST OF THE  
MONTH, LATE ON THE 2<sup>ND</sup> AND DELINQUENT AFTER 5:00 P.M. ON THE 3RD OF THE MONTH. I ALSO  
AGREE TO PAY FOR ANY DAMAGE AND/OR REPAIR COST CAUSED BY \_\_\_\_\_  
IN EXCESS OF THE SECURITY DEPOSIT.  
THIS GUARANTEE WILL AUTOMATICALLY RENEW IF THE LEASE TERM IS EXTENDED.  
SIGNATURES MAY BE EVIDENCED BY FACSIMILE.

SIGNATURE (CO-SIGNER) \_\_\_\_\_ DATE \_\_\_\_\_

SUBSCRIBED AND SWORN TO ME BEFORE THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 200\_\_\_\_.  
MY COMMISSION EXPIRES \_\_\_\_\_  
STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

NOTARY PUBLIC \_\_\_\_\_

NOTARY SEAL