

## **Co-Signer Application**

Agent's Name/Compa	any	
Applicant's Name: _		
<b>Apartment Address:</b>		Unit#:
Lease Terms:	Monthly Rent\$	Move-In Date:
	Co-Signer Infor	rmation
Name:	Address:	
City:	State:	Zip:
Phone#	Fa	x#
Social Security#:	Date of Birth:	
		State:
Rent or Own?	If Own #Voors at	Residence:
		Residence.
<b>Employment:</b>		
		# of Years:
		onthly Gross Income\$:
Supervisor's Name: _	·	
Phone#:	Fax	#:
for applicant named above ( Apartment Source'') to proc potential tenant to enter into all of the above information, Cosigner has no adverse cre untrue and inaccurate in an Source as liquidated damage refunded to Applicant or Co Cosigner hereby de the Applicant's application is accepted, Applicant and Cos	"Applicant") to induce The Apartess Cosigner's application and any a lease with Applicant and Cosignand any other documents or infodit history. In the event any of they way, any deposit paid by Applices for such untrue or inaccurate resigner.  Exposits with The Apartment Sources accepted, towards Applicant's figurer shall promptly sign the lease	pplication to co-sign an apartment lease tment Source, Ltd., an Illinois corporation ("The y landlord to whom Applicant is submitted as a mer. Cosigner represents and warrants that: (a) rmation provided, is true and accurate; and (b) e Cosigner's representations and warranties are ant or Cosigner shall be paid to The Apartment epresentations or warranties and no funds shall be the amount of \$
	nuired to pay a fee for The Apartr	
Applicant of Cosigner of bo		nent Source to perform a credit investigation of

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