



3800 Byron Ave Suite #112
BELLINGHAM, WA 98229
Ph: (360)738-1022
Fax: (360)527-8924

CO-SIGNER APPLICATION

ADDENDUM TO RESIDENTIAL LEASE AGREEMENT

FULL NAME: _____ PHONE: _____

BIRTHDATE: _____ SS# (Required): _____

DRIVERS LICENSE (Optional)# _____ STATE ISSUED: _____

CURRENT ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

CURRENT EMPLOYER: _____

EMPLOYER ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE #: _____ SUPERVISOR: _____

POSITION: _____ ANNUAL INCOME: _____

FULL OR PART TIME?: _____

BY SIGNING THIS APPLICATION, I AUTHORIZE LANDMARK REAL ESTATE MANAGEMENT TO ORDER CREDIT REPORTS AND VERIFY OTHER CREDIT INFORMATION, INCLUDING PAST AND PRESENT LANDLORD AND/OR MORTGAGE REFERENCES. I WARRANT THAT ALL STATEMENTS MADE ON THIS APPLICATION ARE TRUE, AND SHOULD ANY OF THE ABOVE INFORMATION BE FALSIFIED, I UNDERSTAND THAT IT IS CAUSE TO IMMEDIATELY REJECT MY APPLICATION.

I UNDERSTAND THAT THIS APPLICATION DOES NOT INCLUDE ANY ORAL OR WRITTEN COMMITMENTS ON THE PART OF THE OWNER OR THE AGENT REPRESENTING THE OWNER.

CO-SIGNER SIGNATURE: _____ DATE: _____



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I _____, agree to pay the **TOTAL MONTHLY RENT** for the property located at _____, in the City of _____, WA, for my daughter/son/other, _____, if he or she is unable to make the monthly payments for the full term of their Rental/Lease Agreement.

I have completed a Co-Signer Application for the express purpose of enabling the AGENT for the OWNERS, Landmark Real Estate Management, to check my credit. I have no intention of occupying the dwelling referred to in the Residential Lease Agreement above.

As CO-SIGNER for the above named TENANT(S), I acknowledge that I am aware of the fact that I unconditionally guarantee payment on the rental unit referenced above, and that I am also bound by the terms and conditions of the Residential Lease Agreement, and if there is a default in payment on the above rental unit I shall, upon demand, pay the amounts in arrears to the OWNER or his AGENT. I also accept full responsibility for all costs related to his or her tenancy. This includes any unpaid rent, fees and damages for which the tenant is responsible.

I understand that I may be required to pay for rent, cleaning charges, or damage assessments in such amounts as are incurred by the TENANT(S) under the terms of this CO-SIGNER AGREEMENT if, and only if, the TENANT(S) themselves fail to pay.

I also understand that this CO-SIGNER AGREEMENT will remain in force throughout the entire term of tenancy, even if tenancy is extended and/or changed in its terms.

I hereby declare under penalty of perjury under the laws of the State of Washington that the above is true and correct.

SIGNATURE: _____ DATE: _____

STATE OF _____)

COUNTY OF _____)

On this day, before me, personally appeared _____, to me known to be the individual described in and who executed the within and foregoing instrument and acknowledged that _____ signed the same as _____ free and voluntary act and deed for the use and purpose herein mentioned.

GIVEN UNDER MY HAND AND OFFICIAL SEAL this _____ day of _____, 20____.

SIGNATURE: _____

Notary Public in and for the State of Washington, residing at _____ in said _____ County.

My commission expires on _____
DATE