COSIGNER

APPLICATION FOR

PLEASE PRINT

DATE: ______ **DELSHIRE APARTMENTS**

		557-2893		RENT:		
NAME OF APPLICANT FO	OR WHOM YOU ARI	E COSIGNING:				
HEAD OF HOUSEHOLD						
	LAST NAME	FIRST	MIDDLE	SOCIAL SECURITY #	DATE OF BIRTH	
YOUR SPOUSE'S						
	LAST NAME	FIRST	MIDDLE	SOCIAL SECURITY #	DATE OF BIRTH	
	OR					
MAIDEN NAME		LSO KNOWN AS		MARITAL STATUS		
PRESENT ADDRESS		ZIP	HOW L	LONG? AMOUNT OF RENT		
				IS LANDLORD A RELATIVE		
YOUR PHONE NUMBER			YOUR BUSINESS PHONE NUMBER			
PRESENT EMPLOYER OF						
EMPLOYER'S PHONE NU				OF EMPLOYMENT		
SPOUSE'S EMPLOYER O EMPLOYER'S PHONE NU				DE EMBLOVMENT		
EMI LOTER STHONE NO	JWIDER		LENGTH	or emi lotment		
HAVE YOU EVER BEEN	EVICTED?	IF YES, FROM	WHAT ADDRES	S		
LIST 3 CREDIT REFEREN	NCES					
BY SIGNING THIS APPLI THAT THE INFORMATIO INFORMATION CONTAIN PERMISSION IS HEREBY APPLICATION. DELSHIP PURPOSE ONLY.	N PROVIDED ABOV NED HEREIN COULI GIVEN FOR DELSF	'E IS ACCURATE, TI D BE THE CAUSE O HIRE TO OBTAIN A (RUE AND COMI F YOUR APPLIC CREDIT RECOR	PLETE, AND UNDERSTAI CATION BEING REJECTE D ON ME/US IN ORDER	ND THAT ANY FALSE D. TO PROCESS THIS	
SIGNATURE	GNATURE			SPOUSE'S SIGNATURE		
IF YOUR APPLICATION I	S NOT APPROVED,	YOU WILL BE NOT	IFIED BY US IN	WRITING.		
IF YOUR APPLICATION I	S APPROVED, \$400.	00 DEPOSIT IS REQ	UIRED TO RESI	ERVE AN APARTMENT FO	OR YOU.	
OFFICE USE ONLY APPROVED: □ DENIEI PRO-RATED RENT FROM BALANCE DUE BEFORE	MOVE IN DATE TO	END OF MONTH: S	\$			

