

# A. P. GOLD REALTY & MANAGEMENT, INC.

1357 W. AUGUSTA BOULEVARD · CHICAGO, ILLINOIS 60622 · PHONE: 773-935-9309 · FAX: 773-935-9123 · APGOLDREALTY.COM

## CO-SIGNER APPLICATION

Name of person(s) you are co-signing for: \_\_\_\_\_ Address of Apartment: \_\_\_\_\_

### PERSONAL INFORMATION *(of the Co-Signer)*

Name: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_  
Cell phone: \_\_\_\_\_ Home phone: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

### ADDRESS & LANDLORD INFORMATION *(of the Co-Signer)*

Present Address: \_\_\_\_\_ City & State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Length of residency? \_\_\_\_\_ Present rental amount or mortgage? \_\_\_\_\_  
Landlord's Name: \_\_\_\_\_ Landlord's telephone: \_\_\_\_\_

### PRESENT EMPLOYER & INCOME INFORMATION *(of the Co-Signer)*

Present Employer/Company: \_\_\_\_\_ Your office telephone: \_\_\_\_\_  
Address: \_\_\_\_\_ City & State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Position: \_\_\_\_\_ Length of employment: \_\_\_\_\_ Salary/Wage: \_\_\_\_\_  
Supervisor's Name & Title: \_\_\_\_\_ Supervisor's telephone: \_\_\_\_\_

\* \* \* \* \* **NO PERSONAL CHECKS ACCEPTED** \* \* \* \* \*

ALL MONIES SUBMITTED AS PART OF THE APPLICATION PROCESS MUST BE IN THE FORM OF A CASHIER'S CHECK OR MONEY ORDER.

Before processing this application, an applicant **must** provide the following:

1. A copy of your current driver's license or state identification card.
2. Non-refundable \$35.00 credit check/processing fee payable to A.P. Gold Realty & Management.
3. Three of your most recent paycheck stubs or a letter from your employer confirming your salary and employment.

I authorize you to make an investigative consumer report whereby information is obtained through credit history and interviews with landlords, employers or others with whom I am acquainted.

I certify that the information herein is true and correct. I understand that this application shall be incorporated into and become part of the lease of the premises sought, and, if incorrect or untrue, shall be grounds for termination of the lease.

If the application is approved, I acknowledge as the undersigned Guarantor that I hereby guarantee the payment of rent and the performance by Tenant, Tenant's heirs, executors, administrators, successors or assigns of all covenants and agreements of the Lease.

Signature of Co-Signer: \_\_\_\_\_ Date: \_\_\_\_\_