

**\$10 PROCESSING FEE DUE
UPON RECEIPT OF FORM
COPY OF DRIVERS LICENSE
OR PICTURE ID REQUIRED**

CO-SIGNER INFORMATION AND AGREEMENT

Co-signer Name: _____ SS# _____

Address: _____

_____ Phone#: _____
City State Zip

Cell phone#: _____ Date of Birth: _____

Employer: _____ How Long? _____

Employer phone # _____

Tenant Name: _____

Address applying for: _____

Relationship to tenant: _____

CO-SIGNER AGREEMENT

I hereby state the above information to be true and correct and allow Lewis Clark Property Management to verify this information. I further agree to release information when required to establish a utility billing account for the tenant or for the purpose of collection against a non-paid account with our office. As co-signer, I acknowledge and agree that I am/are financially responsible for any and all charges, including unpaid rent, late fees, non-sufficient check charges, utility charges, damages and repairs that may occur or come due on the rental unit for the tenant listed above during the period of time associated with tenancy and vacating charges. Co-signer(s) may only be released unless mutually agreed upon between said co-signer and Lewis Clark Property Management Company. Please mail or bring the original form to our office.

Co-signer Signature

Date