



CO-SIGNER CREDIT APPLICATION

Castle Property LLC

206 South Avenue, Harrisonburg, VA 22801 Office (540) 564 - 2659 FAX (540) 564 - 2659
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Application for which property? _____

Please feel free to contact our office if you have any questions about this property. Since we offer Individual leases, we require a financially qualified Co-Signer for each Tenant. Photos and descriptions of the properties are available along with the lease terms on our web site.

CO-SIGNER NAME:

Last Name: _____ First Name: _____ Middle Name: _____

Date of Birth: ____ / ____ / ____ E-Mail Address: _____ SSN: _____ - _____ - _____

Note: Your birth date and SSN are required to run a credit report. Information is confidential and not released for any other purpose.
Is the Co-signer a United States Citizen or permanent resident? [] Yes [] No
Prepayment of rent within twenty (20) days of lease signing is required for non US citizens or non-permanent residents.

RESIDENTIAL INFO

Current Street Address: _____ Telephone: (____) _____ - _____

City: _____ State: _____ Zip: _____ Occupied Since: ____ / ____ [] Own [] Rent

EMPLOYMENT INFO

Current Employer: _____ Position: _____

Current Street Address: _____

City: _____ State: _____ Zip: _____ Employed Since: ____ / ____

Supervisor: _____ Telephone: (____) _____ - _____

TENANT NAME

Last Name: _____ First Name: _____ Middle Name: _____

Co-Signer's relationship to Tenant: [] Mother [] Father [] Grand Parent [] Other: _____

If relationship is "Other", please contact office for pre-approval.

CONTACT INFO

Would you like to be notified in the event of an emergency relating to the tenant listed above? [] Yes [] No

What is your preferred contact number for DAYTIME: (____) _____ - _____ EVENING: (____) _____ - _____

FINANCIAL QUALIFICATION WILL BE BASED ON THE FOLLOWING INFORMATION

In the past 10 years have you had any of the following:

Past due balance over \$100.00 [] Yes [] No [] Don't know

Payment later than 60 days [] Yes [] No [] Don't know

Any civil judgments or tax liens [] Yes [] No [] Don't know

Any debts placed for collection [] Yes [] No [] Don't know

Please comment on YES answers: _____

The costs to verify information for both the Tenant and Co-signer's applications is paid with the Tenant application. No payment is due with this form. To assist with timely lease signings, Tenant will furnish a \$100 earnest payment prior to setting a lease signing appointment. The entire earnest payment will be credited to the Tenant's security deposit if the Tenant returns a signed lease to the office within 24 hours of the appointment time. Tenant agrees to forfeit the earnest payment if the signed lease is not returned within this time frame.

By signing below, I affirm that all the information is correct or to the best of my knowledge. I hereby give permission to verify the above information. If the application is found to contain substantially false information, the application fee and earnest payment are forfeited.

Signature of Co-Signer: _____ Date: _____

--- OR ---

Signature of Tenant authorized to sign by the Co-Signer: _____ Date: _____