



CO-SIGNER CREDIT APPLICATION

Castle Property

919 North Main Street, Harrisonburg, VA 22802 (540) 564- 2659 FAX (206) 203 - 1820
e-mail: office@castleproperty.com web site: http://www.castleproperty.com



CO-SIGNER NAME:

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

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

United States citizen: [] Yes [] No Prepayment of rent within twenty (20) days of lease signing is required for non US citizens.

Note: Your birth date and SSN are required to run a credit report. Information is confidential and not released for any other purpose.

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 DAYTIME contact number: (_____) _____ - _____ EVENING: (_____) _____ - _____

FINANCIAL QUALIFICATION WILL BE BASED ON THE FOLLOWING INFORMATION

Does your credit report show any of the following:

Past due balances. [] Yes [] No

A history of late payments. [] Yes [] No

Civil judgements or tax liens. [] Yes [] No

Bankruptcy filing. [] Yes [] No

Debts placed for collection. [] Yes [] No

Please comment on YES answers: _____

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 directly or through a credit bureau. A \$20 application fee has been paid for this application as part of the Tenant Application fee. If, upon verification, this application is found to contain false information the application fee is automatically forfeited.

Signature of Co-Signer: _____ Date: _____

--- OR ---

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