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CO-SIGNER APPLICATION

Names of Prospective Lease Holders: _____

Property Prospective Tenants are Applying for: _____ Unit#: _____

Co-signer's Full Name: _____

Address _____ Number, Street _____ City _____ State _____ Zip _____

Social Security Number _____ Telephone Number _____ Date of Birth _____

Current Source of Income _____ How Long Employed There _____

Address of Employer _____ Telephone Number _____

Monthly Rate of Pay _____ Other Household Income Source _____ Amount Monthly _____

Do You: OWN *-or-* RENT Your Home (Please Check One). Amount Monthly _____

BANKING INFORMATION

Name of Bank _____ Address of Bank _____

Checking Account Balance _____ Savings Account Balance _____

All leases are joint and severally liable and an approved co-signer is guaranteeing the lease, not an individual tenant. Credit information will be verified by Augusta Housing Management Co, LLC (AHMC). Above-mentioned co-signer must be present to sign Lease Agreement in person or in presence of a notary. A satisfactory credit rating is necessary to be accepted as a co-signer. By signing below, you grant AHMC permission to conduct a credit check. This form alone does not bind co-signer to any obligations of the lease. The guarantee on the lease will read as follows:

GUARANTEE: In consideration of Landlord's agreement to lease the Premises, the undersigned co-signer guarantees payment of all amounts due under the Lease and the performance of all covenants of the Lease by Tenant. This Guarantee is irrevocable and is not affected by modification of the Lease.

Signature of Co-signer _____ Date _____

E-mail _____