



# CO-SIGNOR APPLICATION



Bear Property Management  
4015 80th Street  
Kenosha, WI 53142  
Office: (262) 697-9616 Fax: 262-697-9856

FOR OFFICE USE ONLY  
Drivers License information:  
Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
Zip \_\_\_\_\_ Expiration Date \_\_\_\_\_  
DL# \_\_\_\_\_

## UNIT INFORMATION This is NOT a lease or a rental agreement

The undersigned hereby agrees to co-sign for \_\_\_\_\_ for \_\_\_\_\_ (Type of unit -i.e.: 1bedroom, studio, etc)  
Unit number \_\_\_\_\_ located at \_\_\_\_\_ for a monthly rent of \$ \_\_\_\_\_ beginning  
on \_\_\_\_\_ 20 \_\_\_\_ for a \_\_\_\_\_ month lease term. A \$20.00 Credit Check Fee is required at time of application.

## CO-SIGNOR INFORMATION

Male \_\_\_\_\_ Female \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_  
Full Name \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_  
Do you pay child support? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, amount and frequency: \_\_\_\_\_  
Current Address: \_\_\_\_\_ Rent \$ \_\_\_\_\_ Mortgage \$ \_\_\_\_\_  
Present Landlord's Name \_\_\_\_\_ Address \_\_\_\_\_  
Phone Number \_\_\_\_\_ How Long ? \_\_\_\_\_ Are you listed on the lease? \_\_\_\_\_  
Previous Address \_\_\_\_\_ Rent \$ \_\_\_\_\_ Mortgage \$ \_\_\_\_\_  
Past Landlord's Name \_\_\_\_\_ Address \_\_\_\_\_  
Phone Number \_\_\_\_\_ How Long ? \_\_\_\_\_ Are you listed on the lease? \_\_\_\_\_

## CO-SIGNOR'S EMPLOYER & INCOME

PRESENT EMPLOYER \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Address \_\_\_\_\_ Position \_\_\_\_\_ How long \_\_\_\_\_  
Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Seasonal \_\_\_\_\_ Temporary \_\_\_\_\_ Gross Pay \$ \_\_\_\_\_ Net Pay \$ \_\_\_\_\_ Per \_\_\_\_\_

PREVIOUS EMPLOYER \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Address \_\_\_\_\_ Position \_\_\_\_\_ How long \_\_\_\_\_  
Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Seasonal \_\_\_\_\_ Temporary \_\_\_\_\_ Gross Pay \$ \_\_\_\_\_ Net Pay \$ \_\_\_\_\_ Per \_\_\_\_\_



**OTHER SOURCES OF INCOME**  
 You do NOT have to reveal alimony, child support or spouse's annual income unless you want it considered in this application.

Amount:	Source:	Confirmation Person:	Phone:
1.			
2.			

**CO-SIGNOR'S CREDIT REFERENCES** Have you ever filed for bankruptcy?  Yes  No  
 Year: \_\_\_\_\_

Banks:	City & State:	Type & Number of Account:
1.		
2.		

Credit References:	Address and/or Phone:
1.	
2.	

**PLEASE READ THIS CAREFULLY AND SIGN THE APPLICATION**

The purpose of this application is to determine whether I qualify as a Co-Signor. If my application is approved, the Landlord and I shall sign a written lease. The Landlord, Applicant and I have no rental agreement until the time of the lease signing.

I hereby authorize Bear Property Management, Inc., to investigate my credit and financial responsibility, income, rental history, and the statements made in this application, and to obtain a consumer credit report on me from a consumer reporting agency that compiles and maintains files on consumers on a nationwide basis. My performance under any lease or rental agreement that I may enter into with Bear Property Management, Inc., may be reported to such reporting agency.

I acknowledge that Bear Property Management, Inc., their agents and employees thereof have a duty to treat all parties fairly and in accordance with fair housing law, and to disclose material adverse facts about the property.

Authorization is further granted to use a photocopied reproduction of this authorization if necessary to obtain any further information regarding my application. Any reproduction of this authorization and release made by reliable means i.e. photocopy or facsimile, is considered original.

I was given the opportunity to review a sample lease and the Landlord's rules and regulations. I warrant and represent that I am at least 18 years of age and that all statements herein are true and correct, to the best of my knowledge.

NOTICE: You may obtain information about the sex offender registry and persons registered with the registry by contacting the Wisconsin Department of Corrections on the Internet at <http://widocoffenders.org> or by phone at 877-234-0085.

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_