

CO-SIGNER APPLICATION FORM:

For: Strombeck Properties

Brookside, Meadowbrook, Parkway, & Woodridge Apartments

Phone: 707-822-4557 Fax: 707-822-4525

\$20.00 application fee. Each person over the age of 18 who will be residing in the unit is to fill out their own separate application form and each pay the nonrefundable \$20.00 fee. All applications are to be dropped off @ 960 South G St. in Arcata or mailed to P.O. Box 37 Eureka, CA 95502. **A copy of your photo ID is required.**

CO-SIGNER Info:

Date ___/___/___

Co-Signer Name:

LAST _____ FIRST _____ M.I. _____
Social Security #: _____ Date of Birth: ___/___/___
Home Phone: (____) _____
Work Phone (____) _____
Cell Phone: (____) _____
Driver's License #: _____

CO-SIGNER FOR OCCUPANTS (LIST EVERYONE WHO WILL LIVE IN UNIT):

<u>Full Name</u>	<u>Relationship</u>	<u>Age</u>	<u>Occupation</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

RENTAL HISTORY

Current Address: _____ City: _____ State/Zip: _____
Landlord/Manager: _____ Phone: (____) _____
Dates Occupied: _____

EMPLOYMENT HISTORY

Current Occupation: _____ Employer: _____
Address: _____ City: _____ State/Zip: _____
Supervisor's Name: _____ Supervisor's Phone: (____) _____
Length of Employment: _____ Est. Annual Income: _____

HOUSEHOLD INCOME INFORMATION

1. Your Gross Monthly Income (Before Deductions): \$ _____
2. Average Monthly Amounts of other Income (Specify Sources)
 - A. Are you receiving AFDC/Public Assistance? YES ___ NO ___ \$ _____
 - B. Are you receiving Unemployment? YES ___ NO ___ \$ _____
 - C. Are you Food Stamps? YES ___ NO ___ \$ _____
 - D. Are you receiving Child Support? YES ___ NO ___ \$ _____
3. Other _____
\$ _____
4. Total Monthly Household Income (Sum of lines 1, 2 & 3) \$ _____

Total gross yearly income \$ _____

MISCELLANEOUS

Have you or the tenant,
Ever been convicted of a felony? YES _____ NO _____
If "YES", what was the conviction?

Have you ever:
Filed for bankruptcy? YES _____ NO _____
Been sued ? YES _____ NO _____
Been evicted? YES _____ NO _____

If you answered, "YES" to any of the above, please explain:

EMERGENCY CONTACT

Name: _____ Relationship: _____
Address: _____ City: _____ State/zip: _____
Phone: (____) _____

I CERTIFY THAT ALL THE INFORMATION GIVEN ABOVE IS TRUE AND CORRECT AND UNDERSTAND THAT MY LEASE OR RENTAL AGREEMENT MAY BE TERMINATED IF I HAVE MADE ANY MISREPRESENTATION IN THIS APPLICATION. I AUTHORIZE VERIFICATION OF ANY OF THE INFORMATION AND REFERENCES PROVIDED IN THIS APPLICATION. I UNDERSTAND THAT THIS APPLICATION WILL BE RETAINED REGARDLESS OF APPROVAL. IN ADDITION TO ALL SUMS DUE PRIOR TO OCCUPANCY, I AGREE TO PAY A **NONREFUNDABLE FEE OF \$20.00, WHICH SHALL BE USED TO OBTAIN A REPORT ON MY CREDIT FROM A CREDIT REPORTING AGENCY.**

Signature: _____ Date: _____ / _____ / _____