

CO- SIGN FORM

APPLICANT NAME _____

ADDRESS _____

MOVE IN DATE _____ LEASE TERM _____

MONTHLY RENT _____ SECURITY DEPOSIT _____

CO- SIGNER INFORMATION

NAME _____ RELATIONSHIP _____

ADDRESS _____ PHONE _____

EMPLOYER _____ ADDRESS _____

PHONE _____ SUPERVISOR _____ INCOME _____

**I HEREBY AGREE TO BE A CO-SIGNER FOR THE ABOVE
TENANT- WHO IS RENTING AN APARTMENT FROM Cliff Fisher
OR Metropolitan Place Apartments. IN CO-SIGNING I AGREE TO
BE RESPONSIBLE FOR ALL RENT AND OR UTILITIES DUE
SHOULD THE ORIGINAL APPLICANT NOT PAY IN A TIMELY
MANNER, I ALSO AGREE THAT ANY DAMAGES TO THE
PREMISES COULD BECOME MY RESPONSIBILITY ALSO.**

Signature

Date