



Co-Signer Application

\$10.00 Non-Refundable Application Fee

Lexington Ridge Apartments 8600 Lexington Ave, Lincoln, NE 68505

P: 402.437.8310 F: 402.437.8314

To be a qualified co-signer, you must be over the age of 18, be able to show verifiable, good rental history from an unbiased source, or ownership of home, a good credit history, rent of the unit must be less than 30% of the monthly income, and you must be able to prove employment with the same company for the last year. You cannot presently be a co-signer for more than one other residential tenant. Please turn in your proof of income with this co-signer application. Co-signer guarantees payment of rent, and all other charges under the attached lease pursuant to the terms thereof. Co-signer is jointly and severally liable with agreement and shall, with the tenant, perform the obligations required of tenant. Unless notice is given in writing to Lexington Ridge Apartments, no less than 30 days from the date of the tenants lease expiration, the cosigner obligation hereunder shall continue through the date of the tenant's residency.

ADDRESS TO RENT AS DWELLING AND FOR NO OTHER PURPOSE

_____ Lexington Avenue Apartment _____ Lincoln, NE 68505

APPLICANT YOU WILL BE CO-SIGNING FOR

First

Middle

Last

CO-SIGNER INFORMATION

Name _____ Date of Birth ____/____/____

Social Security # ____ - ____ - ____ Driver's License # _____ ST _____

Home Phone _____ Cell Phone _____ Work _____

E-mail address _____

Spouse Name _____ Date of Birth ____/____/____

Social Security # ____ - ____ - ____ Driver's License # _____ ST _____

Home Phone _____ Cell Phone _____ Work _____

E-mail address _____

Current Address _____ City _____ State _____ Zip _____

How long have you lived at this address _____ (Rent / Own) Payment Amount _____

Landlord/Mortgage Company _____

Residency for Last Two Years (if you have not been at your current address for longer than two years)

(1) _____

(2) _____

PROOF OF INCOME

Income 1

Employer _____ Phone Number _____

Position _____ Supervisor _____

Dates of Employment _____ - _____ Rate of Pay _____ per _____

Income 2

Employer _____ Phone Number _____

Position _____ Supervisor _____

Dates of Employment _____ - _____ Rate of Pay _____ per _____

Other

Source of Income _____ Amount _____

Proof of income from all sources is required for approval process. Please provide a copy of paycheck stub, direct deposit or W2.

Bank Reference

Bank Name _____ Type of Account _____

Bank Address _____ Phone Number _____

You are being asked to guarantee this lease. If the tenant does not pay the rent, it will be your responsibility. Be sure you can afford to pay if you accept this responsibility.

When a co-signer is required, the Co-Signer Application must be filled out completely, signed and delivered to our office within 48 hours of being informed. If the Co-Signer Application is not received within a 48 hour period, the subject unit applied for will be put back on the market. If I, as co-signer, should cancel this application after two days from the date application is submitted, the ENTIRE deposit will be retained as termination charges.

I (Co-Signer) authorize the Landlord or Landlord's agents to verify the above information such as employment, financial information, and past residential history. Verification or re-verification of any information contained in the application will be retained by Landlord. Any person or entity identified on this application or holder of public record is hereby instructed to release information regarding this application, my credit, tenant, check writing histories and/or my criminal record to Tenant Data Services Inc. (402) 476-3181 and or Credit Information Systems Midwest (800) 782-9094. Agencies used by Tenant Data Services or Credit Information Systems Midwest to acquire this information may include, but are not limited to, Experian, Equifax, or Trans Union, TeleCheck, and or any law enforcement agency. Upon request, Tenant Data or Credit Information Systems Midwest will provide the name and phone number of any outside agency used in the verification process.

Co-Signer acknowledges and consents that he/she understands that Century Sales & Management LLC is the common law agent for the owner, and as such Co-Signer is a customer, not a client of Century Sales & Management LLC.

Co-Signer Signature _____ Date _____

Co-Signer Signature _____ Date _____