

Co-Signer Application

Agent's Name/Compar	ıy	
Applicant's Name:		
Apartment Address: _		Unit#:
Lease Terms:	_Monthly Rent\$ _	Move-In Date:
	Co-Signer I	nformation
Name:	Δdd	ress•
City:	State:	Zip: Fax#
Phone#		Fax#
Social Security#:	<u> </u>	Date of Birth:
		State:
Rent or Own?	If Own, #Year	s at Residence:
If Rent, Name and Pho	ne# of Landlord: _	
Employment:		
		# of Years:
		Monthly Gross Income\$:
Supervisor's Name:		•
Phone#:		Fax #:
for applicant named above ("A Apartment Source") to proces potential tenant to enter into a all of the above information, a Cosigner has no adverse credit untrue and inaccurate in any v Source as liquidated damages refunded to Applicant or Cosigner hereby depthe Applicant's application is a accepted, Applicant and Cosig application is rejected, the depth described above.	Applicant") to induce The Astronomy is Cosigner's application and lease with Applicant and and any other documents of thistory. In the event any way, any deposit paid by Afor such untrue or inaccurgner. The Apartment accepted, towards Applications shall promptly sign the posit shall be returned unlessited to pay a fee for The A	this application to co-sign an apartment lease Apartment Source, Ltd., an Illinois corporation ("The nd any landlord to whom Applicant is submitted as a Cosigner. Cosigner represents and warrants that: (a) r information provided, is true and accurate; and (b) of the Cosigner's representations and warranties are applicant or Cosigner shall be paid to The Apartment rate representations or warranties and no funds shall be Source the amount of \$
Signed:		Date:

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