



CO-SIGNER APPLICATION

PROPERTY ADDRESS APPLYING FOR	\$40 APPLICATION FEE (NON REFUNDABLE) _____ Check (# _____) _____ Cash _____ C. Card
NAME OF CO-SIGNEE	CO-SIGNEE APPLICATION DATE

APPLICANT INFORMATION (If Applicant is accepted as Co-signer, this application will become a part of the Co-signee Application)

APPLICANT'S NAME LAST	FIRST	MI	BIRTHDATE	SS#	DRIV. LIC. & STATE
SPOUSE'S NAME LAST	FIRST	MI	BIRTHDATE	SS#	DRIV. LIC. & STATE
HOME PHONE NUMBER	CELL PHONE NUMBER	E-MAIL ADDRESS			
PRESENT ADDRESS	CITY	STATE	ZIP	HOW LONG OCCUPIED	RENT/MTGE AMOUNT
LANDLORD/MORTGAGE CO NAME	LANDLORD/MORTGAGE CO PHONE NUMBER				
PREVIOUS ADDRESS (IF AT CURRENT < 2 YRS)	CITY	STATE	ZIP	HOW LONG OCCUPIED	RENT/MTGE AMOUNT
LANDLORD/MORTGAGE CO NAME	LANDLORD/MORTGAGE CO PHONE NUMBER	REASON FOR MOVING			
EXPLANATION FOR ANY LAPSES IN RENTAL/OWNERSHIP HISTORY					

EMPLOYMENT

PRESENT EMPLOYER	POSITION	PHONE NUMBER	HOW LONG EMPLOYED	GROSS MONTHLY SALARY
EMPLOYER ADDRESS	CITY	STATE	ZIP	SUPERVISOR SUPERVISOR PHONE NO
SPOUSE'S EMPLOYER	POSITION	PHONE NUMBER	HOW LONG EMPLOYED	GROSS MONTHLY SALARY
EMPLOYER ADDRESS	CITY	STATE	ZIP	SUPERVISOR SUPERVISOR PHONE NO

OTHER SOURCES OF INCOME (Verification is required, Examples - Retirement, Child Support etc)

SOURCE	AMOUNT PER MONTH	HOW TO VERIFY?
SOURCE	AMOUNT PER MONTH	HOW TO VERIFY?

HAVE YOU EVER - (Circle Yes or No and Explain)

BEEN CONVICTED OF A CRIME?	<input type="checkbox"/> YES <input type="checkbox"/> NO	EXPLAIN
BEEN EVICTED OR ASKED TO MOVE ?	<input type="checkbox"/> YES <input type="checkbox"/> NO	EXPLAIN
BEEN SUED FOR PROPERTY DAMAGE/RENT?	<input type="checkbox"/> YES <input type="checkbox"/> NO	EXPLAIN
BROKEN A RENTAL AGREEMENT?	<input type="checkbox"/> YES <input type="checkbox"/> NO	EXPLAIN
DECLARED BANKRUPTCY?	<input type="checkbox"/> YES <input type="checkbox"/> NO	EXPLAIN - WHEN?
HAD OR HAVE A JUDGEMENT/LIEN?	<input type="checkbox"/> YES <input type="checkbox"/> NO	EXPLAIN - WHEN?

I hereby submit \$40.00 as a **NON-REFUNDABLE** Application Fee and a copy of my Drivers License or other Government Issued ID. I certify to the best of my knowledge that all statements are true and complete. I authorize RCE Inc dba Poudre Property Services, through its designated agents and employees, to obtain my credit information, to review my occupancy history, payment history and/or criminal background check as deemed necessary and to verify the income stated on this application in order to process my application. False, fraudulent or misleading information may be grounds for non-approval and denial of tenancy. Your credit report may be shared with principal owner(s) and assignees.

Applicant Signature

Date



Poudre Property Services
 706 S. College Ave., Ste. 207
 Fort Collins, CO 80524
 Phone: (970) 224-9204 Fax: (970) 224-0242
www.poudreproperty.com



CO-SIGNER AGREEMENT

I, _____ (Parent, Guardian, Other: _____)
 of _____ (Resident) do hereby absolutely and
 unconditionally guarantee the payment of all rental sums, other liabilities and the performance of, or adherence
 to all obligations, duties, rules, regulations and covenants imposed on Resident for the property located at:
 located at _____, Unit _____
 _____, CO _____ under the terms of the Lease made between
 Poudre Property Services and Resident.

The obligation and liability on the part of Co-signer shall be primary and not secondary, and is payable
 immediately upon demand without recourse, first having been had against Resident or any other person. This is
 a guarantee of payment not just a guarantee of collection.

I am fully aware that the Lease states that each Resident is jointly and severally liable for all financial and legal
 obligations of the Lease; therefore, as Co-signer I will also be jointly and severally liable for all obligations.

This Co-signer Agreement shall remain in force throughout the *entire* duration of Resident's occupancy
 including any renewal periods or after the Lease has expired or is on a month to month basis. The only way to
 be released from this agreement before all Residents vacate is in the event a new Co-signer is approved by
 Poudre Property Services or if the Residents re-apply and are approved without the need for a co-signer.

This Co-signer Agreement will not change if another Resident vacates or another is added to the Lease,
 regardless of relation or relationship.

The Co-signer will be notified of any changes to the Lease, complaints or issues in regards to Resident(s), and
 notices of late payments or eviction.

I have read the Lease Agreement and I guarantee the Resident's legal and financial obligations thereunder. I
 understand that I may be required to pay rent, cleaning, damages or other obligations under the Lease
 Agreement. I agree that Poudre Property Services may seek recovery of amounts due directly from me whether
 or not Poudre Property Services has sought or could seek recovery from resident.

I also understand that Renters Insurance is a requirement of the Lease and Proof of Insurance naming Poudre
 Property Services as additional insureds is required prior to lease signing.

Signature: _____ Date: _____

******* THIS FORM MUST BE NOTARIZED *******

STATE OF _____
 COUNTY OF _____

Subscribed and sworn to before me this _____ day of _____, 20__

My Commission Expires: _____ Notary Signature: _____