

CO-SIGNER APPLICATION
AIRPORT INVESTORS, L.L.C.
5330 Heatherdowns Blvd., Suite 201
Toledo, Ohio 43614
(419) 866-1160
(419) 866-6634 – FAX

Complex _____ Apt. # _____ Monthly Discounted Rent _____
(FOR OFFICE USE ONLY)

CO-SIGNER RESPONSIBILITIES: As a Co-signer, you are personally guaranteeing to Airport Investors, L.L.C., unconditionally and absolutely, all terms and conditions of the lease to be performed and observed by Lessee, expressly including, without being limited to, payment of rent, whenever due, under the lease. As a Co-signer, you agree that any notice provided to Lessee as required by the lease shall be deemed to have been provided to you personally and you also agree that your personal consent shall not be required for any modification, renewal, extension of option by said Lessee under the guarantee in any way.

REQUIREMENTS TO CO-SIGN:

- All Co-signers must have a gross weekly income equal to or more than the monthly rent. We must be able to verify gross income through the employer.
- The Co-signer must have **three (3) current substantial established credit accounts.**
- **Current substantial established credit** means having three (3) current credit accounts with at least one (1) having an initial balance over \$1,000.00.
- Any negative information obtained from the Co-signer's credit report or any other source will result in denial of the application.
- If any of the information given in the application is found to be materially incomplete or inaccurate, the application can be denied.

Name _____ SSN# _____

Driver's License No. _____ Phone () _____

Present Address _____
(Street) (City) (State) (Zip)

How Long _____ Monthly rent/mortgage _____ Landlord/Lender _____

Previous Address _____
(Street) (City) (State) (Zip)

How Long _____ Monthly rent/mortgage _____ Landlord/Lender _____

Employer _____ Date Started _____

Address _____ Phone () _____

Position _____ **Gross Weekly** _____

Current Bank _____ Branch _____

Type of Acct.(s) _____

List three (3) other credit accounts:

Name of Company _____ Monthly Payment _____ Balance Due _____

Name of Company _____ Monthly Payment _____ Balance Due _____

Name of Company _____ Monthly Payment _____ Balance Due _____

I hereby authorize any person or company to supply you with any information requests concerning the information contained herein. If any of said information is found to be materially incomplete or inaccurate, the management may cancel the lease.

I expressly authorize Airport Investors, L.L.C. or It's agent (including a collection agency) to obtain my consumer credit report, which Airport Investors, L.L.C. or It's agent may use if attempting to collect past due rent payments, late fees, or other charges from me, both during the term of the lease and thereafter.

SIGNATURE _____ DATE _____