

COSIGNER AGREEMENT &
CREDIT APPLICATION
INSTRUCTIONS

**PREMIUM
PROPERTIES**
6522 TELEGRAPH AVENUE
OAKLAND, CA 94609
510.594.0794 OFFICE
510.594.3140 FAX
WWW.PREMIUMPD.COM
REAL ESTATE SERVICES
INVESTMENTS • PROPERTY MANAGEMENT
LEASING • DEVELOPMENT • SALES & BROKERAGE

IN ORDER TO AVOID A DELAY IN PROCESSING YOUR APPLICATION, PLEASE MAKE SURE THAT YOU HAVE INCLUDED THE FOLLOWING:

- A complete & legible application signed in front of a Notary Public.**
- Income Verification via a recent paystub or if Self-Employed, the top two pages of a recent federal tax return or your business' Schedule C.**
- If your income is hard to verify or does not meet our minimum requirements, please provide liquidity information, i.e. recent bank or brokerage statement.**
- If you own a home and only if it has no mortgage, provide a recent property tax bill or deed to prove ownership.**

Tips:

- **Our complete Screening Policy is on our website at www.premiumpd.com/linkpage.php It describes how we qualify cosigners and can answer most questions.**
- **Original documents are not required. The completed application and supporting documents can either be faxed to 510.594.3140 or scanned and e-mailed to admin@premiumpd.com.**
- **Call us after the document has been sent to verify that we received it.**
- **All the documents must be turned in within three (3) business days or us receiving the original rental application or the applicant you are cosigning for may be denied. Furthermore, expedited turnaround of documents will increase the chances of the applicant getting selected for the apartment in the event there is competition.**

Feel Free To Call Us at 510.594.0794 with Any Questions

We thank you for your cooperation!

COSIGNER AGREEMENT & CREDIT APPLICATION

*This Form Must be Signed in Front of a Notary Public
& Must Be Accompanied by a
\$20.00 Non-Refundable Processing Fee*

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Resident(s) Cosigning For: _____
Relationship: _____
Current Property Applying For: _____ Unit #: _____

Background Information

Name: _____ Social Security #: _____
Date of Birth: _____ Drivers License: _____ State of Registry: _____
E-mail Address: _____ Cell #: _____
Spouse: _____ Social Security #: _____
Date of Birth: _____ Drivers License: _____ State of Registry: _____
E-mail Address: _____ Cell #: _____
Children: _____ Ages: _____ Home Phone #: _____
Present Address: _____ From: ___/___ To: ___/___
City: _____ State: _____ Zip Code: _____
 Own: Lender: _____ Payment (Mo.): \$ _____
 Rent: Owner/Agent: _____ Rent (Mo.): \$ _____
Phone Number: _____

Employment Information (Please Include a Copy of a Recent Pay Stub)

Present Employer: _____ From: ___/___ To: ___/___
Address: _____ Phone #: _____
City: _____ State: _____ Zip Code: _____
Position: _____ Gross Salary (Mo.): \$ _____
Spouse's Employer: _____ From: ___/___ To: ___/___
Address: _____ Phone #: _____
City: _____ State: _____ Zip Code: _____
Position: _____ Gross Salary (Mo.): \$ _____

Other Income (Please Specify & Provide Verification)

1) Type: _____ Amount (Mo.): \$ _____
2) Type: _____ Amount (Mo.): \$ _____

Liquidity Information (Please Provide Verification)

Name of Bank: _____ Branch/Address: _____

Checking Account #: _____ Balance: \$ _____

Other Liquidity Source: _____ Balance: \$ _____

Have you ever filed for bankruptcy? _____

Co-Signer hereby states that the information set forth above is true and complete. In addition, Co-Signer authorizes Owner to retrieve a credit report from a consumer credit reporting agency, as well as to verify all information and references given.

For valuable consideration, receipt of which is hereby acknowledged, the undersigned Cosigner does hereby guarantee unconditionally to Owner/Agent, and/or including Owner's Agent's successor and assigns, the prompt payment by Resident of the rent or any other sums which become due pursuant to any Rental/Lease Agreement signed by Resident(s) listed above (Rental agreement available upon request). In the event of the breach of any terms of the Rental/Lease Agreement by Resident, Cosigner shall be liable for any damages, financial or physical, caused by Resident. This Agreement may be immediately enforced by Owner/Agent upon any default by Resident and an action against Cosigner may be brought at any time without first seeking recourse against Resident. The insolvency of Resident or nonpayment of any sums due from Resident may be deemed a default giving rise to action by Owner/Agent against Cosigner.

This Agreement does not confer a right to possession of the premises by Cosigner, and Owner/Agent is not required to serve Cosigner with any notices to terminate or to perform covenants, including any demand for rent, prior to Owner/Agent proceeding against Cosigner for Cosigner's obligations under this Agreement. Unless released in writing by Owner/Agent, Cosigner shall remain obligated by the terms of this Agreement for the entire period of the tenancy and for any extensions granted pursuant thereto.

In the event the terms of the Rental/Lease Agreement are modified by Resident and Owner/Agent, with or without the knowledge or consent of Cosigner, Cosigner waives any and all rights to be released from the provisions of this Agreement and Cosigner shall remain obligated by said additional modifications and terms of the Rental/Lease Agreement. Cosigner hereby consents in advance to any changes, modifications, additions, or deletions of the Rental/Lease Agreement made and agreed to by Owner/Agent and Resident during the entire period of the tenancy. Cosigner understands that it is the Cosigner's responsibility to make sure that the Resident informs the Cosigner prior to agreeing to such changes.

Owner/Agent

Cosigner

OWNER

SIGNATURE/DATE

BY

SIGNATURE/DATE

TITLE/DATE

Signature Must Be Acknowledged Before A Notary Public

State of _____ County of _____

On _____, 20____, before me, _____,

a Notary Public in and for said State, personally appeared _____

who is personally known to me - **OR** - , who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity (ies), and that by his/her/their signature(s) on the instrument the person(s); or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY Of PERJURY under the laws of the said State that the foregoing paragraph is true and correct.

WITNESS my hand and official seal. _____

Notary Public in and for said State