## CO-SIGN & CONSENT

SMITH MANAGEMENT CO., LLC



## (Form must be entirely filled out and be accompanied with Co-Signer's photo ID.

Co-Signer Name:		Social Security Number:			
Relationship to Applicant:		Date of Birth:			
Driver's License #: State:		Own or Rent Home:			
Address:		_ City:	State:	Zip:	
Primary #:	_ Secondary #:	Email:			
Employment:			_ Length of Employment	•	
Employment Address:			Phone #:		
Supervisor:		Supervisor Phone	#:		
Total Monthly Income: \$					
I, (co-signer's printed name)			, agree to co-sign	for the length of	
the residency, for Tenant, (appli	cant's printed name)			, who	
will be renting/leasing the below	v-referenced property fror	n Landlord's Agent, S	mith Management Co., I	LC:	
Property Address			Unit #:		

*I represent that the above is true and correct and hereby authorized verification of such. I understand that a credit /criminal report may be necessary and agree that one can be run.* 

Co-Signer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*The Fair Credit Reporting Act Requires we notify you that as part of our normal procedure, a routine inquiry may be made.

To the best of my knowledge, all of the above information is true and correct. I also understand that the above-named individual may or may not (at the discretion of management) be allowed to move into the apartment, without my executed Guarantee of the lease Agreement form completed. By my signature, I understand and give permission for the landlord to obtain my credit report and verify my employment as a condition of the Guarantee of Lease Agreement which will be used in the final qualification process for the lease in the aforementioned apartment.

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