

COLONIAL MANAGEMENT LLC

222 North Street
Madison WI 53704

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CO-SIGNER AGREEMENT

_____ has agreed to be a co-signer for _____

for the apartment located at _____

Lease to begin _____ and end on _____ @ 8 a.m (or after all Lease Extensions expire)

Co-Signer Name: _____ Co-Signer SS#: _____

Co-Signer Address: _____ 1
Street City State Zip

Co-Signer Phone #'s Home: _____ Work: _____ Cell: _____

Co-signer is responsible for all conditions of the lease for the entire length of the lease.

1. Co-Signer is responsible for the full amount of rent, including late fees, per month if Tenant(s) fail to make payments. Rental payment is due to Landlord's office by the first of each month.
2. If Tenant(s) vacates the premises before the end of their lease term, Co-signer is responsible for all monthly rent payments, utilities, re-rental expenses, etc. for the duration of the lease until the apartment is either re-rented or a sublet is found, whichever occurs first. Co-Signer is responsible for helping Tenant(s) find a sublettor.
3. If the apartment or premises are damaged by Tenant(s) and damages are not paid for, Co-signer is responsible for covering the cost of the damages.
4. Co-Signer is responsible for all conditions of the Lease and Lease Addendum signed by Tenant(s).
5. If the tenant renews, the Co-signer will transfer to all addendums of the lease including any extensions and renewals. The only time a Co-signer will be removed from the lease and its extensions is if the tenant and Co-signer come in to the office and both parties request that the Co-signer be removed. At that time the tenant will be re-processed to see if they qualify on his/her own.

This form must be notarized. Colonial Management, LLC is able to notarize at our office.

Co-signer signature Co-signer signature

State of ____ County of _____ Signed or attested before me on _____

by _____, my notary expires on _____.

Witness