

SKYVIEW APARTMENTS

1018 Mayfair Ave #1
Madison WI 53714

T (608) 819-8780
Fax (608) 819-8781

CO-SIGNER APPLICATION

Name of applicant to occupy apartment: _____

Apartment applying for: _____ Date: _____

Name of Co-signer: _____ Relationship to applicant: _____

Social Security Number: _____ or: Taxpayer ID #: _____

Home Phone: _____ Work Phone: _____ Cell: _____

HOUSING:

Address: _____

Own or Rent? _____ If rent, Landlord Name: _____

Landlord Phone #: _____ How long have you lived at this address? _____

If less than two (2) years, what
was your previous address: _____

Own or Rent? _____ If rent, Landlord Name: _____

Landlord Phone #: _____ How long have you lived at this address? _____

INCOME:

Employed by: _____ How Long? _____ Position: _____

Contact: _____ Contact Ph#: _____ Gross Monthly Income: _____

Other Source of Income: _____ Contact: _____

Contact Phone #: _____ Gross monthly amount: _____ Length of Income: _____

This co-signer consents to a routine inquiry of references and credit agencies. This inquiry will provide information concerning the co-signer's credit worthiness and reliability. This is not a rental agreement, contact or lease. All applications are subject to the approval of the Owner or Managing Agent. False, inaccurate, or incomplete information may result in the rejection of this application.

Co-signer Signature: _____ Date: _____