

**CARIB APARTMENT HOMES
CO-SIGNER RENTAL APPLICATION**

Office: 1231 Brosig St, Unit #2 ~ P.O. Box 8242, Green Bay WI. 54308-8242
(920)498-2613 Office ~ (920)770-4500 Fax
www.carib-gb.com

This is NOT a lease or a Rental Agreement. **The application must be completed in full. FALSIFICATION OF INFORMATION IS GROUNDS FOR DENIAL.**

The undersigned hereby makes co-signer application for the applicant who is applying to rent an apartment located at _____
_____. The monthly rent is \$_____. A non-refundable application fee of \$_____ must accompany this application.

Name: _____ DOB: _____ Phone #: _____
(First, Middle, Last)

Social Security #: _____ Driver's License: _____

Current Employer: _____ Job Title: _____ Phone #: _____
Supervisor: _____ Last Years Income 20____ : \$_____ Wkly/Mthly Income: _____
How Long: _____ (A copy of current pay stubs or last year's tax return is required)

Previous Employer: _____ Job Title: _____ Phone #: _____
Last Years Income 20____ : \$_____ Wkly/Mthly Income: \$_____ How Long: _____

Present Address: _____ How Long: _____
(Street, City, State, Zip Code)

Are you the owner of your present address? (Yes/ No)

(If owned present address
less than 2 years)

Previous Address: _____ How Long: _____
(Street, City, State, Zip Code)

Credit References:

Checking & Saving Accounts Bank Name/City/Sate: _____

Closest living relative in case of emergency: _____
(Name and Relation)

Address: _____ Phone #: _____
(Street, City, State, Zip Code)

I consent to a routine inquiry of my references and credit agencies to provide applicable information concerning my character, creditworthiness, reliability and income amounts.

I certify that all statements made above are correct: _____
(Signature\Date)