



MULTIFAMILY NW
The Association Promoting Quality Rental Housing

CO-SIGNER APPLICATION

TO BE COMPLETED BY EACH CO-SIGNER

ALL UNITS
SUBJECT TO
AVAILABILITY



OFFICE USE ONLY

PROPERTY NAME / NUMBER _____
UNIT NUMBER _____ ADDRESS _____
UNIT RENT \$ _____ NON-REFUNDABLE SCREENING CHARGE \$ **\$50.00**
OWNER / AGENT **Principle Property Management** PHONE **541-345-6789**
OWNER / AGENT ADDRESS **2677 Willakenzie Rd. Ste 2, Eugene, OR 97401**
PERSONS APPLYING TO BE RESIDENTS _____

CO-SIGNER

CO-SIGNER FULL LEGAL NAME _____ **EMAIL** _____
PREVIOUS NAMES, ALIASES OR NICKNAMES USED _____
DATE OF BIRTH _____ **SOC. SECURITY #** _____ **CO-SIGNER PHONE (** _____ **)** _____
MM/DD/YYYY
GOVERNMENT ISSUED PHOTO I.D. TYPE _____ **#** _____ **/ STATE** _____ **EXP. DATE** _____
MM/DD/YYYY
CURRENT STREET ADDRESS _____
CITY _____ **STATE** _____ **ZIP** _____ **DATE YOU MOVED IN** _____
MM/DD/YYYY
CURRENT LANDLORD NAME _____ **LANDLORD PHONE (** _____ **)** _____
STREET ADDRESS (OR APARTMENT NAME) _____
CITY _____ **STATE** _____ **ZIP** _____
CURRENT EMPLOYER _____ **PHONE (** _____ **)** _____
STREET ADDRESS _____
CITY _____ **STATE** _____ **ZIP** _____
POSITION _____ **HOW LONG?** _____
GROSS MONTHLY INCOME \$ _____
OTHER MONTHLY INCOME: SOURCE _____ **\$** _____ **/ SOURCE** _____ **\$** _____
ARE YOU SELF-EMPLOYED? ☐ YES ☐ NO

OTHER

EMERGENCY CONTACT _____ **PHONE (** _____ **)** _____
ADDRESS _____
HAVE YOU EVER BEEN EVICTED, OR ARE YOU CURRENTLY IN THE EVICTION PROCESS? ☐ YES ☐ NO **IF YES, DATE** _____
MM/DD/YYYY
HAVE YOU EVER FILED FOR BANKRUPTCY, OR ARE YOU CURRENTLY IN THE BANKRUPTCY PROCESS? ☐ YES ☐ NO **IF YES, DATE** _____
MM/DD/YYYY
HAVE YOU EVER HAD A HOME FORECLOSED ON, OR ARE YOU CURRENTLY IN THE FORECLOSURE PROCESS? ☐ YES ☐ NO **IF YES, DATE** _____
MM/DD/YYYY
HAVE YOU EVER BEEN CONVICTED OF, OR PLED GUILTY OR NO CONTEST TO, ANY FELONY
OR MISDEMEANOR? ☐ YES ☐ NO **IF YES, WHO** _____ **WHERE** _____ **WHEN** _____
MM/DD/YYYY
WHAT _____

SCREENING

Owner/Agent has charged a screening charge as set forth above. Owner/Agent may obtain a consumer credit report and/or an Investigative Consumer Report which may include the checking of the co-signer's credit, income, employment, rental history, and criminal court records and may include information as to his/her character, general reputation, personal characteristics, and mode of living. You have the right to request additional disclosures provided under Section 606(b) of the Fair Credit Reporting Act, and a written summary of your rights pursuant to Section 609(c). You have the right to dispute the accuracy of the information provided to the Owner/Agent by the screening company or the credit reporting agency as well as complete and accurate disclosure of the nature and scope of the investigation.

SCREENING COMPANY OR CREDIT REPORTING AGENCY

COMPANY NAME **Appfolio, Inc.** **PHONE** **866-648-1536**
ADDRESS **50 Castilian Drive, Santa Barbara, CA 93117**
EMAIL _____

SIGNATURE

I certify that the above information is correct and complete and hereby authorize you to do a credit check and make any inquiries you feel necessary to evaluate my credit standing and ability to serve as co-signer. I understand that giving incomplete or false information is grounds for rejection of this application. I understand that if any information supplied on this application is later found to be false, this is grounds for termination of the tenancy of the residents. I have received and read the Owner/Agent's co-signer criteria. I am applying solely to act as a co-signer and will not be occupying the unit.

CO-SIGNER **X** **DATE** _____ ☐ **PHOTO I.D. VERIFIED BY** _____
MM/DD/YYYY (INITIALS)
OWNER/AGENT **X** **DATE RECEIVED** _____ **TIME RECEIVED** _____
MM/DD/YYYY
OWNER/AGENT NOTES _____

CRITERIA FOR CO-SIGNERS

(Applicable only if Owner/Agent does not have custom criteria.)

GENERAL STATEMENTS

1. Current, positive, government-issued photo identification that allows Owner/Agent to adequately screen for criminal and or credit history will be required.
2. Each applicant will be required to qualify individually or as per specific criteria areas.
3. Inaccurate, incomplete or falsified information will be grounds for denial of the application.

INCOME CRITERIA

1. Monthly income must be equal to _____ times (if blank, 4 times) stated rent, and must be from a verifiable, legal source.
2. Twelve months of verifiable employment will be required if used as a source of income.
3. Applicants using self-employment income will have their records verified through the state corporation commission, and will be required to submit records to verify their income, which records may include the previous year's tax returns.

RENTAL HISTORY CRITERIA

1. Twelve months of verifiable contractual rental history from a current unrelated, third party landlord, or home ownership, is required.
2. Three or more notices for nonpayment of rent within one year will result in denial of the application.
3. Three or more dishonored checks within one year will result in denial of the application.
4. Rental history reflecting any past due and unpaid balances to a landlord will result in denial of the application.

EVICTION HISTORY CRITERIA

Five years of eviction-free history is required. Eviction actions that were dismissed or resulted in a judgment for the applicant will not be considered.

CREDIT CRITERIA

1. Ten or more unpaid collections (not related to medical expenses) will result in denial of the application.

CRIMINAL CONVICTION CRITERIA

Upon receipt of this application and the screening fee, Owner/Agent will conduct a search of public records to determine whether applicant has a "Conviction" (which means: charges pending as of the date of the application; a conviction; a guilty plea; or no contest plea), for any crime involving financial fraud, including identity theft and forgery. Any Conviction within the last seven years will result in a denial of the application.