

Property Resources, Inc. THIS FORM CANNOT BE ACCEPTED UNLESS IT HAS BEEN NOTARIZED.

APPLICATION NAME:	
ADDRESS APPLYING FOR:	
CO-SIGNER	INFORMATION
NAME:	EMPLOYER:
ADDRESS:	BUSINESS ADDRESS:
ADDRESS:	LENGTH OF EMPLOYMENT:
RESIDENTIAL PHONE:	BUSINESS PHONE:
MORIGAGE/LANDLORD.	SUPERVISOR:
SSN: DOB: EXP:	SALARY:
DRIVER LICENSE:EXP:	POSITION HELD:
BANK NAME & ADDRESS:	PRIOR EMPLOYER:PHONE:
Email ADDRESS:	POSITION HELD:
Email ADDRESS:	
IN THE EVENT OF AN EMERGENCY, IF YOU CANNOT	REACH ME PLEASE CONTACT:
NAME	TELEPHONE NUMBER
CO.SICNEI	RAGREEMENT
	HELD RESPONSIBLE FOR RENTAL PAYMENTS FOR
IS RESIDING AT	(RELATIONSHIP) WHILE HE/SHE
COLORADO IN THE EVENT THAT	IN BOULDER, DOES NOT MAKE THE RENT PAYMENTS
I WILL IMMEDIATELY SUBMIT PAYMENT. I UNDE	RSTAND THAT RENT IS DUE ON THE 1ST OF THE
MONTH, LATE ON THE 2 ND AND DELINQUENT AFT	ER 5:00 P.M. ON THE 3RD OF THE MONTH. I ALSO
	R COST CAUSED BY
IN EXCESS OF THE SECURITY DEPOSIT.	
THIS GUARANTEE WILL AUTOMATICALLY RENEW	V IF THE LEASE TERM IS EXTENDED.
SIGNATURES MAY BE EVIDENCED BY FACSIMILE	
SIGNATURE (CO-SIGNER)	DATE
SIGNATURE (CO-SIGNER)	DATE
SUBSCRIBED AND SWORN TO ME BEFORE THIS	DAY OF , 200 .
MY COMMISION EXPIRES	
STATE OF	
COUNTY OF	
NOTARY PUBLIC	NOTARY SEAL
11017IKI I ODLIC	