

Park Avenue Apartments
11325 N. 50th Street, Tampa, Florida 33617 (813) 988-5687

CO-SIGNER APPLICATION

Applicant					
Name			Date of Birth	Social Security Number	
Drivers License Number	Make/Year/Lic Plate		Home Phone ()	Work Phone ()	
Present Address			City	State	Zip
Landlord/Mortgagor	Phone # ()	Length of Residency	Monthly Rent \$	Reasons for Moving	
Previous Address			City	State	Zip
Landlord/Mortgagor	Phone # ()	Length of Residency	Monthly Rent \$	Reasons for Moving	
Referred to us by:	Pets Owned: type		Weight of Pet:	Total Number of Persons to Occupy Apartment:	

Employment Information					
Applicant					
Current Employer		Supervisor	Position	Gross Monthly Income	
Address		City	State	Zip	Phone Number ()
Period of Employment		Previous Employer		Position	Supervisor
Address		City	State	Zip	Phone Number ()
Period of Employment					

Financial Information		
Checking Account – Bank Name	Address	Phone Number ()
Savings Account – Bank Name	Address	Phone Number ()

Emergency Contacts:			
Name:	Address City, State, ZIP:	Relationship	Phone Number ()
Name:	Address City, State, ZIP	Relationship	Phone Number ()

Have you ever been evicted? Yes No

Do you presently owe money to previous landlord(s)? Yes No

If Yes, explain _____

I/we represent that the above statements are true and complete and authorize verification of information and references given. The undersigned has paid to the Landlord the sum of Thirty-Five (\$35) dollars as a non-refundable fee for Landlord's costs and expenses in verifying the above statements and checking co-signer's credit. This is to inform you that as part of Landlord's procedure for processing your application, an Investigative Consumer Report may be prepared whereby information is obtained through personal interviews with your landlord, employer, or others with whom you are acquainted. This inquiry includes information as to your character, general reputation, personal characteristics, mode of living, and credit history. I/we acknowledge that false information may constitute grounds for rejection of the application, termination of rights of occupancy, forfeiture of deposit and responsibility for damages suffered by Landlord. False statements may also constitute a criminal offense under the laws of this State. Applicant has the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation (Fair Credit Reporting Act).

EQUAL CREDIT OPPORTUNITY ACT – The Federal ECOA prohibits from discrimination against credit applicants on the basis of sex or marital status. The Federal Agency which administers compliancy with this law concerning this apartment community is Federal Trade Commission. 1718 Peachtree Street NW Room 10000, Atlanta, Georgia, 30308.

_____ Date

_____ Signature of Co-signer

Office Use Only		
Apt. No.	Type:	Rental Amount \$
Move-in Date	Lease Term:	
Security Deposit:	Pet Deposit: \$	Non-Refundable Application Fee: \$
Verified:	Approval:	