

# COSIGNER APPLICATION

- **\$40 APPLICATION FEE – Per Person** (Non-Refundable) by way of:  
Exact Cash, Money Order, or Cashier’s Check – Payable to Forehand Inc.
  - **All persons over 18 years of age must be on the application.** Any persons under 18 may be listed as dependent(s)
- **EACH PERSON (Including Co-Signers)** will need to submit the following with this application:
  - **Current Photo ID: Non-Expired Driver's License, Photo ID, or Passport**
  - **Social Security Card**
  - **Proof of Income (Paystubs for Most Recent 30 days OR W-2’s)**
    - IF working through a **Temp Agency**, we require that you have been employed with them for at least 1 YEAR
    - IF you get money from State or Federal Benefits (**i.e. Disability, Social Security, Retirement**) we will need to see your **AWARDS LETTER**
- This application WILL NOT be processed unless we see you sign. If you are unable to sign in front of an agent you will need to have a notary witness your signature. Applications may take 3-5 business days to process.
- Security Deposit is due within 48 hours of Application Approval. Security Deposits hold a property for 14 days and are Non-Refundable.
- Security Deposit, Pet Deposit (if applicable), and First Month’s Rent are to be paid SEPARATELY by Money Order or Cashier’s Check in **EXACT AMOUNTS** (No Personal Checks). All parties to the application (including Co-Signer) must sign the lease prior to moving-in / obtaining keys.

**\*\*THIS APPLICATION MUST BE COMPLETE TO BE PROCESSED\*\***



CO-SIGNER FULL NAME - (First, Middle, Last):

\_\_\_\_\_

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

CURRENT ADDRESS:

\_\_\_\_\_ City State Zip

Please select one:

- Own
 Rent

Resided From: \_\_\_\_\_ (Month/Year) To: \_\_\_\_\_ (Month/Year) Monthly Rent \$ \_\_\_\_\_

Landlord Name: \_\_\_\_\_ Telephone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

EMPLOYER NAME: \_\_\_\_\_

Address: \_\_\_\_\_ City State Zip

Position: \_\_\_\_\_ Pay Rate: \$ \_\_\_\_\_ Hours Per Week: \_\_\_\_\_

Length of Employment: \_\_\_\_\_

Supervisors Name: \_\_\_\_\_ Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Co-signer represents the above information to be true and complete, and hereby authorizes Forehand, Inc. to:

(1) Verify information provided and (2) OBTAIN A CREDIT REPORT on Co-signer by initialing here: \_\_\_\_\_

**CO-SIGNER AGREEMENT**

For the property known as \_\_\_\_\_ (Address).

The parties to this Agreement are **Forehand, Inc.** (Herein called Agent) and

\_\_\_\_\_, (Herein called **Co-Signer**) for \_\_\_\_\_

Co-Signer Printed Name

Applicant(s) Name

The parties further agree as follows:

**1. PERSONAL GUARANTEE:** Co-Signer agrees to personally guarantee the payment of any monetary damages suffered by Agent including but not limited to: unpaid rent or late charges, non-reimbursed utility expenses, cleaning, damages to the Premises beyond normal wear and tear, and actual attorneys' fees and costs incurred in the enforcement of said Agreement to Rent or Lease.

Furthermore, Co-Signer acknowledges that he/she is not occupying the Premises leased pursuant to the Agreement to Rent or Lease, the co-signer is entitled to service of any of the statutory notices required by law to be provided to occupants.

**2. TERM OF AGREEMENT:** This Co-Signer Agreement shall continue in full force and effect for the entire term of Resident's tenancy including any extensions and any rental increases in effect during such tenancy.

**3. ASSIGNATION:** This Agreement shall be binding upon the heirs, administrators, executors, and assigns of the Owner or Co-Signer.

**4. ATTORNEYS' FEES:** In the event of any legal action by the parties arising out of this Agreement, the co-signer shall pay the prevailing party reasonable attorneys' fees and costs in addition to all other relief.

**5. ENTIRE AGREEMENT:** The foregoing constitutes the entire agreement between the parties and may be modified only in writing.

Applicant agrees to having read the terms and conditions of this Application for Lease. Applicant understands this is a binding Contract separate and apart from the Lease Agreement. **IN WITNESS WHEREOF**, the parties have affixed or caused to be affixed their respective signatures and seals.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Initials

**\*WE WILL NOT ACCEPT ANY APPLICATION WITHOUT WITNESSING YOUR SIGNATURE.\***  
**IF YOU ARE UNABLE TO SIGN IN FRONT OF AN AGENT FROM OUR OFFICE**  
**A NOTARY MUST WITNESS YOUR SIGNATURE AND STAMP THIS FORM.**

**Verification of Employment**

I/we authorize \_\_\_\_\_ to release any and all  
(Current Employer – **Name of Person Giving Reference**)  
information regarding my employment to:

Forehand, Inc.  
Address: 2508 Langhorne Rd. Lynchburg, VA 24501  
Phone: 434.455. 3600 / Fax : 434.847.7745

Applicant Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**DO NOT FILL OUT BELOW HERE** (this is to be filled out by your employer):

Company Name & Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Employed From: \_\_\_\_\_ To: \_\_\_\_\_

Does this employee receive regular overtime hours? \_\_\_\_\_ If so, how many weekly? \_\_\_\_\_

Is this employee a salaried employee? \_\_\_\_\_ If so, what is the yearly salary? \_\_\_\_\_

If hourly what is the pay rate \$ \_\_\_\_\_ Hours per week \_\_\_\_\_

Any yearly bonuses or commissions earned: \_\_\_\_\_

General Comments:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Signature of individual filling out form: \_\_\_\_\_

Title: \_\_\_\_\_ Date \_\_\_\_\_

Phone Number: \_\_\_\_\_

Please return this form via e-mail to [rseay@forehandinc.com](mailto:rseay@forehandinc.com) or Fax: (434) 847-7745