

CO-SIGNER APPLICATION

- **APPLICATION FEE (Non-Refundable): Any persons over 18 years of age must be on the application.** Any person under 18 may be listed as a dependent(s).

1 Person - \$40 OR 2 People - \$60

Application Fee may be paid by **Exact Cash, Money Order, or Cashier's Check –**
Please make Payable to Forehand Inc.

- **EACH PERSON (Including Co-Signers) will need to submit the following with 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 a minimum 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), & First Month's Rent are to be paid SEPARATELY by Money Order or Cashier's Check in **EXACT AMOUNTS**.
(No Personal Checks are accepted for deposits or first month's rent).
- All parties to the application (including Co-Signer) must sign the lease prior to moving-in or 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

EMPLOYMENT VERIFICATION

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 _____
Applicant Signature _____ Date _____

***DO NOT FILL OUT BELOW THIS LINE** (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:

Name of individual filling out form _____ Title _____

Signature _____ Date _____

Phone Number: _____

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