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Tenant's Name \_\_\_\_\_

Property: **New England Apartments** \_\_\_\_\_ Monthly Rent \_\_\_\_\_

- Name of Co-Signer \_\_\_\_\_ Date of Birth \_\_\_\_\_
- Social Security # \_\_\_\_\_ Relationship to Tenant \_\_\_\_\_
- Address \_\_\_\_\_
- Phone \_\_\_\_\_ Email \_\_\_\_\_
- Employer \_\_\_\_\_ Job Title \_\_\_\_\_
- How long have you worked here? \_\_\_\_\_ Monthly Gross Income \$ \_\_\_\_\_
- Other Source of Income \_\_\_\_\_ Amount \$ \_\_\_\_\_

**Statement of Guaranty:** As cosigner for the above-named tenant(s), Cosigner unconditionally guarantees payment of rent under the Lease Agreement for the rental units referenced above. Cosigner acknowledges that they are bound by the terms and conditions of the Lease Agreement. Cosigner agrees to personally guarantee the payment of any monetary damages suffered by Landlord if Tenant defaults on any payment or fails to comply with the terms of the Lease in any way, including, but not limited to, monthly rent including any subsequent rent increases, cleaning or repairs to return unit to the condition in which it was first rented, actual attorney's fees incurred in the enforcement of Lease Agreement, and the amount of income lost due the breaking of the Lease or other failure by Tenant to comply with the terms of the Lease Agreement.

This Cosigner Agreement shall continue in full-force and effect for the entire term of the Tenant's residency, including any extension, unit transfer and any rental increases in effect during such tenancy.

Cosigner Agrees to receive notifications via email. Delivery of this document as a facsimile or pdf has the same effect as delivery of an original.

In compliance with the Fair Credit Reporting Act, State and Federal Laws, an investigation into the statements made on this application will be initiated by Accusearch, Inc. Cosigner certifies to the best of their knowledge that all statements are true and complete. Cosigner further authorizes Accusearch, Inc to obtain credit reports, court/criminal records, and employment confirmation as needed to verify all the information put forth on this application.

**Signatures.** This document requires a physical signature. Document can be returned via email (@ [office@rpmnw.com](mailto:office@rpmnw.com)) or Fax (@ 360-778-3519)

Signature \_\_\_\_\_

Date \_\_\_\_\_