

Copper Mountain Real Estate, Inc.

1307 Cornwall Ave., Suite 200, Bellingham, WA 98225

(360) 676-0194 Fax: (360) 676-8629

CO-SIGNER APPLICATION

ADDENDUM TO RESIDENTIAL LEASE AGREEMENT

POTENTIAL TENANT NAME: _____

CO-SIGNER NAME: _____ PHONE: _____

BIRTHDATE _____ SS#: _____

DRIVERS LICENSE (OPTIONAL): _____ STATE ISSUED: _____

CURRENT ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CURRENT EMPLOYER: _____

EMPLOYER ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____ SUPERVISOR: _____

POSITION: _____ ANNUAL INCOME: _____

FULL OR PART TIME? _____

BY SIGNING THIS APPLICATION, I AUTHORIZE Copper Mountain Real Estate, Inc. to order credit reports and verify other credit information, including past and present landlord and/or mortgage references. I warrant that all statements made on the application are true, and falsified information is just cause to immediately reject my application.

I understand that this application does not include any oral or written commitments on the part of the owner or the agent representing the owner.

CO-SIGNER SIGNATURE: _____ DATE: _____

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I _____, agree to pay the total monthly rent in the amount of \$ _____ per month for the property located at _____ in the City of _____, WA, for my daughter/son/other, _____, if he or she is unable to make the monthly payments for the full term of their Rental/Lease Agreement.

I have completed a Co-signer Application for the express purpose of enabling the AGENT for the OWNERS, Copper Mountain Real Estate, Inc., to check my credit. I have no intention of occupying the dwelling referred to in the Residential Lease Agreement above.

As CO-SIGNER for the above named TENANT(S), I acknowledge that I unconditionally guarantee payment of the rental unit referenced above, and that I am also bound by the terms and conditions of the Residential Lease Agreement, and if there is a default in payment on the above rental unit I shall, upon demand, pay the amounts in arrears to the OWNER or his AGENT. I also accept full responsibility for all costs related to his or her tenancy. This includes any unpaid rent, fees and damages for which the tenant is responsible.

I understand that I may be required to pay for rent, cleaning charges, or damage assessments in such amounts as are incurred by the TENANT(S) under the terms of this CO-SIGNER AGREEMENT, if and only if the TENANT(S) themselves fail to pay.

I also understand that this CO-SIGNER AGREEMENT will remain in force throughout the entire term of tenancy, even if tenancy is extended and /or changed in its terms.

I hereby declare under penalty of perjury under the laws of the State of Washington that the above is true and correct.

Signature: _____ Date: _____

State of _____, County of _____

On this day, before me _____, personally appeared to me to be the individual described in and who executed the within and foregoing instrument and acknowledged that _____ signed the same as _____, a free and voluntary act and deed for the use and purpose herein mentioned.

Given under my hand and official seal this _____ day of _____, 20 _____.

Signature: _____

Notary Public in and for the State of _____, residing at _____

In said _____ County.

My commission expires on _____
Date