



Pacific West Apartments

1399 Pacific Ave
San Leandro, CA 94577
Phone (510) 638-5499
Fax (510)632-5411
Email: pacificwestapartments@rajproperties.com

COSIGNER'S CREDIT APPLICATION

Tenant's Name: _____

For Premises At: _____ Unit: _____

Cosigner's Name: _____ SSN: _____ - _____ - _____ DOB: _____ - _____ - _____

Spouse's Name: _____ SSN: _____ - _____ - _____ DOB: _____ - _____ - _____

Cosigner's DL#: _____ State: _____ Spouse's DL#: _____ State: _____

Number of Children: _____ Ages: _____ Home Phone Number: _____

Present Address: _____ City: _____ State: _____ Zip: _____

Please Circle One: RENT / OWN How long at above address? _____ Monthly Rent or Payment: _____

Present Employer: _____ How long? _____

Employer's Address: _____ Employer's Phone Number: _____

Position: _____ Approximate Annual Salary: _____

Spouse's Employer: _____ How long? _____

Employer's Address: _____ Employer's Phone Number: _____

Position: _____ Approximate Annual Salary: _____

Other Income Source: _____ Amount (monthly): _____

Credit Card Type(s) (If Any): _____

Name of Bank: _____ Address: _____

Checking Account#: _____ Savings Account#: _____

Relationship to Tenant for whom you are cosigning: _____

*****SIGNATURE MUST BE ACKNOWLEDGED BEFORE A NOTARY PUBLIC*****

I (We) certify under penalty of perjury that the above information is true and correct and that I executed the attached rental agreement as cosigner of the premises described above.

State of _____ County of _____

Cosigner Signature: _____

Cosigner Signature: _____

On _____, 20____, before me, the undersigned, a Notary Public in and for said State, personally appeared known to me, to be the person _____ whose name _____ subscribed to the within instrument, and acknowledged to me that _____ he _____ executed the same.

WITNESS my hand and official seal. _____

Notary public in and for said State