



TRIMARK UNIVERSITY HOUSING, LLC

800 N. E. 42nd Street Seattle, WA 98105

Leasing Office: (206) 972-0786

lease@uw-housing.com

COSIGNER FORM

Building Name: _____ Unit #: _____

Total Rent Amount: \$ _____

PLEASE USE PEN

Management reserves the right to refuse to consider this application unless all questions are answered completely. In compliance with the Fair Credit Reporting Act and RCW 59.18.257(2), this is to inform you that a credit investigation using Equifax is being initiated. If you are denied tenancy due to your credit report you may obtain a free copy of the report within 60 days. You have the right to dispute the accuracy of the report and/or add a consumer statement to the report. I authorize management or their employees, agents, and vendors to obtain credit reports, background reports, criminal reports, employment and banking information and rental history by any means available. False and inaccurate statements would be grounds to reject this application.

Cosigner Mr./Mrs./Miss/Ms. (Please circle one)

Last Name:		Home Phone:	
First Name:		Cellular Phone:	
Soc Sec #:		Email Address:	
Birthdate:			
Current Address:		Bank Name:	
City:	State:	Zip:	Bank Account #:
Rent amount per month: \$			

Current Employer:		Previous Employer:	
Position:		Position:	
Supervisor:		Supervisor:	
How Long:	Gross Mo. Salary:	How Long:	Gross Mo. Salary:

I have completed this rental application for the express purpose of enabling the Owners to check my credit. I have no intention of occupying the dwelling referred to in the Rental Agreement.

I have read the Rental Agreement, and I promise to guarantee the Tenants' compliance with the financial obligations of this Agreement.

I understand that I may be required to pay for rent, utilities, cleaning charges, damage assessments, or legal fees in such amounts as are incurred by the Tenants under the terms of this Agreement if, and only if, the Tenants themselves fail to pay. I understand Landlord may proceed against co-signer without commencing legal action against Tenant.

I also understand that this Cosigner Agreement will remain in force throughout the entire term of the Tenants' tenancy, even if their tenancy is extended and/or changed in its terms.

COSIGNER _____

DATE _____

ACCEPTED BY OWNER/MANAGER _____

DATE _____