

CO-SIGNER APPLICATION

I/We, _____ agree to co-sign the rental account for the Proposed Tenant(s)

who has applied for rental or is renting at the following property from Landlord/Agent Capital Development Realty Services Inc dba CDRS LLC for the property located at: _____

Be it known that the Undersigned do hereby jointly and severally guaranty to the Landlord, his successors and agent, and assigns the prompt, punctual and full payment of all rents and other charges that may become due and owing from Tenant to Landlord under said lease, including any renewal or extension thereof. This guaranty shall also extend or apply to any damages incurred by Landlord for any breach of lease in addition to the failure to pay rents or other charges due under the lease. I/We further agree, as is consistent with a co-signer liability to guarantee all payments owed by above named Tenant, including, but not limited to the following: any unpaid rent owed, legal fees incurred, late fees owed, unpaid utility bills, damages to the property, cleaning and/or painting fees or any miscellaneous items legally the responsibility of the tenant and legally chargeable to the tenant should the contract tenant fail to perform as per their contract. All final costs will be determined within 21 days from the expiration and return of the leasehold.

I/We will contact Capital Development Realty Services in writing, of any change of employment, income or address immediately at the following address, facsimile telephone number, or email address –
Capital Development P.O. Box 991, Adelanto, CA 92301
(760) 243-4406 Office ~ (760) 243-4407 Facsimile ~ Requests@MyCDRS.org

This form must be signed and returned to Capital Development prior to application approval or execution of the rental contract along with the \$40 application fee, copy of State Issued ID and Social Security Card. If the co-signers are not approved, we will notify them in writing within three business days at the home address specified above. You may fax to (760) 243-4407, but the original must be mailed to Capital Development as well (receipt of mailed copy expected within 3-5 business days). After possession, co-signer will be mailed a copy of the executed Rental Contract. Proposed Tenants understand these terms and agree to them and agree to this addendum to their rental contract.

#1 Co-Signer (printed name) _____

Home Phone _____ Work Phone _____ SS# _____ DL# _____
Email Address: _____ DOB _____

Home Address _____ City/State/Zip _____

Employer Name/Address: _____

Banking Institution/Account# _____

#2 Co-Signer (printed name) _____

Home Phone _____ Work Phone _____ SS# _____ DL# DOB _____

Home Address _____ City/State/Zip _____
Email Address _____

Employer Name/Address: _____

Banking Institution/Account# _____

#1 Co-Signer Signature _____ Date: _____

#2 Co-Signer Signature _____ Date: _____

Proposed Tenant Signature/Date _____

Proposed Tenant Signature/Date _____

APPLICANT'S AUTHORIZATION FOR RELEASE OF INFORMATION

Applicant's Name: _____
Applicant's Current Address: _____
Applicant's Social Security #: _____

The person named above has applied for rental with Capital Development. You and/or your firm has been named by this applicant as a reference as having currently or previously either employed, rented to, extended credit to, or have had financial dealings with this person. The applicant is hereby authorizing you to release the requested information to us. Your timely cooperation in providing accurate data is greatly appreciated.

If you would like to speak to me directly, you can call me @ (760) 243-4406.

Please return the questionnaire by facsimile to (760) 243-4407.

In consideration of my application, I authorize, without any reservation, Capital Development and the Credit Reporting Agency and/or it's agents to conduct and report research and share with each other, information about my background including, but not limited to: information about my past and current employment, consumer credit history, criminal record, and general public history. I further authorize the research into the truthfulness of any information provided by me in this application process and any information found as subsequent to any research done.

I understand that any investigative consumer report requested will be used as defined under the Fair Credit Reporting Act. I release the Credit Reporting Agency and it's agents, their respective officers, directors, employees, and all persons, agencies, and entities providing information or reports about me from all liability arising out of the release of any such information or reports.

I further understand that Capital Development may use this authorization form to obtain information relevent to my application and/or tenancy not only during the application process but also during or after tenancy (should I be granted tenancy).

X _____ Applicant's Co-Signer Signature/Date

EMPLOYER TO FILL OUT THIS SECTION ONLY	
Does the above name match your records?.....	Yes/No
Does the above address provided match your records?	Yes/No
Social Security Number on file matches: _____	Yes/No
Employee's Position or Department: _____	
Dates of Employment: (from) _____ (to) _____	
Gross Monthly Salary/Wages: _____	
-OR- Hourly Wage: _____ Average Hours per Week: _____	
Other Comments: _____	
Employer Signature/Title/Date: _____	
RETURN FAX (760) 243-4407	