CO-SIGNER APPLICATION Capital Development Realty Services Inc (CDRS)/CDRS LLC

Mailing: P.O. Box 991, Adelanto, CA 92301 - Location: 13849 Amargosa Road, Suite #101, Victorville, CA 92392 (760) 243-4406 office Requests@MyCDRS.org

I/We,	rs and agent m Tenant to damages inc I/We furthe but not limite perty, cleani ne tenant sh expiration a oyment, inco	t, and b Land curred er agr ed to ng ar hould and re come o	v rvices II 	We it known that the Undersigned do as the prompt, punctual and full payment der said lease, including any renewal or dlord for any breach of lease in addition as consistent with a co-signer liability to owing: any unpaid rent owed, legal fees ainting fees or any miscellaneous items tract tenant fail to perform as per their the leasehold. I/We will contact Capital as immediately at the following address
INFORMATION WE ASK THAT YOU SUP Copy of Valid State issued ID Card or Driver's Lic Copy of Employment and/or Income Inf Copy of First Page of your last Bank Statement for verific <u>There is a non-refundable</u> \$-	ense Number ormation - M ation, must s	– Co lost R show	opy of Soc lecent (3) name, ac	cial Security Number) Pay Stubs ddress, and account number
You may email in a copy of the co-sigher application, but the original must b within 3-5 business days). Upon signing, co-signer will be provided a cop				

within 3-5 business days). Upon signing, co-signer will be provided 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. THIS FORM REQUIRES THAT THE CO-SIGNER(S) SIGNATURE BE NOTARIZED, THIS IS NOT AN APPROVAL FOR THE TENANT – UNTIL PROCESSING & APPROVAL OF THE CO-SIGNER IS COMPLETED.

CO-SIGNER FULL NAME: DOB:	DL#:	SS#:	
HOME/CELL PHONE:		WORK PHONE:	
EMAIL:			

HOME ADDRESS:
EMPLOYER NAME/ADDRESS:
BANKING INSTITUTION/ACCOUNT#:

We understand that I/we can check with local law enforcement, the Megan's Law website, and other available sources before submitting this application. By submitting this application, I/we agree that we have done our due diligence in investigating the rental unit and its surroundings and are satisfied enough to accept a rental contract should we pass the application process. We do not hold CDRS, the Landlord, or their entities or employees liable for neighborhood conditions. The information on this application is true and correct to the best of my knowledge. I hereby authorize CDRS or their agents to verify the above information and to obtain a consumer and/or investigative credit and data report. I understand that the fee for verifying this application is not a deposit or rent and will not be applied to rent or deposit or refunded even if this application is denied. I understand that CDRS will not provide me a copy of my Credit Report unless I ask for it in writing and only if my credit was run prior to being disgualified.

CO-SIGNER SIGNATURE: _

DATE: _____

DATE:

DATE:

NOTARY ACKNOV	VLEDGMENT						
State of	County of	On	before				
me,		_ (insert name and title of the officer),]	personally appeared				
	, who proved to me on th	e basis of satisfactory evidence to be the personal	on(s) whose name(s)				
is/are subscribed to th	e within instrument and acknowledged	to me that he/she/they executed the same in his	s/her/their authorized				
capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the							
person(s) acted, exec	uted the instrument. I certify under PI	ENALTY OF PERJURY under the laws of th	e State of California				
that the foregoing paragraph is true and correct. WITNESS my hand and official seal.							
Signature	(Se	eal)					

PROPOSED TENANT SIGNATURE: _ PROPOSED TENANT SIGNATURE: _