

# BODE EXECUTIVE PROPERTY MANAGEMENT COSIGNER/GUARANTEE FORM

RETURN FAX # (707) 441-4899

THIS FORM IS REQUIRED IF THE FOLLOWING APPLY:

1. IF YOU ARE A STUDENT AND A PARENT/GUARDIAN OR FINANCIAL AID SUBSIDIZES (PROVIDES) YOUR INCOME.
2. YOU HAVE BAD CREDIT OR NOT ENOUGH CREDIT.
3. YOU DO NOT HAVE A LEAST 2 RENTAL HISTORIES.
4. YOU DO NOT HAVE AN INCOME THAT EQUALS THREE TIMES THE AMOUNT OF RENT AND CAN BE VERIFIED.

I \_\_\_\_\_, in execution of this rental  
Cosigner's Name

agreement do hereby guarantee that \_\_\_\_\_  
Applicant's Name

will pay all rents due, and will perform all the terms and conditions such as per the signed rental/lease agreement.

If the resident fails to perform any said conditions of the rental/lease agreement, including but not limited to payment of rent, damage to the unit, cleaning of the unit; I, the cosigner, will take responsibility and pay any and all amounts owed.

In the event that this case is brought to court to enforce the performance of this agreement, the prevailing party shall be entitled to all court an attorney fees.

I have read and agree to the terms and condition of this form and so hereby agree to bind by them.

Signature of Cosigner \_\_\_\_\_ Date \_\_\_\_\_

---

## Cosigner Information

\_\_\_\_\_  
Last Name First Name  
Middle Name

CURRENT ADDRESS \_\_\_\_\_  
CITY/STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
SOCIAL SECURITY # \_\_\_\_\_  
DATE OF BIRTH \_\_\_\_\_ DRIVER'S LICENCE # \_\_\_\_\_  
EMPLOYMENT \_\_\_\_\_ HOW LONG \_\_\_\_\_  
AMOUNT \_\_\_\_\_ MONTH/YEAR \_\_\_\_\_  
HOME PHONE # \_\_\_\_\_ MOBILE PHONE # \_\_\_\_\_  
EMAIL ADDRESS \_\_\_\_\_

Cosigner verifies the above information to be true, correct and complete and hereby authorize verification of the information provided. Cosigner understands and consents that a credit report may be required (and ran by Bode Executive Property Management).

Signature of Cosigner \_\_\_\_\_ Date \_\_\_\_\_