

# CO-SIGNER APPLICATION

## ADDENDUM TO RESIDENTIAL LEASE AGREEMENT

FULL NAME: \_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_ SS# (REQUIRED): \_\_\_\_\_

DRIVERS LICENSE (OPTIONAL) #: \_\_\_\_\_ STATE ISSUED: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

CURRENT EMPLOYER: \_\_\_\_\_

EMPLOYER ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE #: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_

POSITION: \_\_\_\_\_ ANNUAL INCOME: \_\_\_\_\_

FULL OR PART TIME?: \_\_\_\_\_

BY SIGNING THIS APPLICATION, I AUTHORIZE MMRA REAL ESTATE MANAGEMENT. AND/OR ASSIGNED AGENTS TO ORDER CREDIT REPORTS AND VERIFY OTHER CREDIT INFORMATION, INCLUDING PAST AND PRESENT LANDLORD AND/OR MORTGAGE REFERENCES. I WARRANT THAT ALL STATEMENTS MADE ON THIS APPLICATION ARE TRUE, AND SHOULD ANY OF THE ABOVE INFORMATION BE FALSIFIED, I UNDERSTAND THAT IT IS CAUSE TO IMMEDIATELY REJECT MY APPLICATION.

I UNDERSTAND THAT THIS APPLICATION DOES NOT INCLUDE ANY ORAL OR WRITTEN COMMITMENTS ON THE PART OF THE OWNER OR THE AGENT REPRESENTING THE OWNER.

CO-SIGNER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



**MMRA**  
REAL ESTATE MANAGEMENT

**MMRA Real Estate Management**

2900 Meridian Street  
Bellingham, WA 98225

360.599.2200 | [mmramanagement.com](http://mmramanagement.com)

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I \_\_\_\_\_, agree to pay the total monthly rent, per month for the property located at: (rental address) \_\_\_\_\_ in the City of \_\_\_\_\_, WA, for my daughter/son/other, \_\_\_\_\_ if he or she is unable to make the monthly payments for the full term of their Rental/Lease Agreement.

I have completed a Co-Signer Application for the express purpose of enabling the AGENT for the OWNERS, MMRA REAL ESTATE MANAGEMENT to check my credit. I have no intention of occupying the dwelling referred to in the Residential Lease Agreement above.

As CO-SIGNER for the above named TENANT(S), I acknowledge that I am aware of the fact that I unconditionally guarantee payment of the rental unit referenced above, and that I am also bound by the terms and conditions of the Residential Lease Agreement, and if there is a default in payment on the above rental unit I shall, upon demand, pay the amounts in arrears to the OWNER or his AGENT. I also accept full responsibility for all costs related to his or her tenancy. This includes any unpaid rent, fees and damages for which the tenant is responsible.

I understand that I may be required to pay for rent, cleaning charges, or damage assessments in such amounts as are incurred by the TENANT(S) under the terms of this CO-SIGNER AGREEMENT if, and only if, the TENANT(S) themselves fail to pay.

I also understand that this CO-SIGNER AGREEMENT will remain in force throughout the entire term of tenancy, even if tenancy is extended and/or changed in its terms.

I hereby declare under penalty of perjury under the laws of the State of Washington that the above is true and correct.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

***If not signing in our presence, this document is required to be notarized below:***

STATE OF \_\_\_\_\_)

COUNTY OF \_\_\_\_\_)

On this day, before me, personally appeared \_\_\_\_\_, to me to be the individual described in and who executed the within and foregoing instrument and acknowledged that he/she signed the same as his/her free and voluntary act and deed for the use and purpose herein mentioned.

GIVEN UNDER MY HAND AND OFFICIAL SEAL this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

SIGNATURE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_

Notary Public in and for the State of \_\_\_\_\_, residing at \_\_\_\_\_ in said \_\_\_\_\_ County.

My commission expires on \_\_\_\_\_.



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