



55 Santa Clara Avenue, Suite 200; Oakland, CA 94610; Ph. 510.834.0782 Fax. 510.588.5465
www.cedarproperties.com

COSIGNER'S AGREEMENT

NOTE: Cosigner's Application Must Be Accompanied by a \$25.00 Non-refundable Processing Fee.

Proposed Resident's Name _____ Date _____

For Premises At _____ Apt# _____

Cosigner's Full Legal Name: _____

Co-Signers Social Security# _____ Birthdate _____

Co-Signer's Email Address: _____

Present Address _____ City: _____

State: _____ Zip: _____ Phone: _____

Rent? or Own? _____ How long? _____ Monthly rent or payment _____

Present Employer _____ How Long? _____ Phone: _____

Address _____ City: _____ St.: _____ Zip: _____

Employed As _____ Approx. Salary/mo. _____

Other Income _____

Credit Cards _____

Name and Address of Bank _____

Checking #: _____ Balance: _____ Savings #: _____ Balance: _____

Relationship to the Proposed Resident: _____

Co-Signer agrees to personally guarantee the payment of any monetary damages suffered by Owner including but not limited to actual attorney's fees incurred in the enforcement of said Agreement to Rent or Lease, and/or this Co-Signer Agreement.

Furthermore, Co-Signer acknowledges that he is not occupying the premises leased pursuant to the Agreement to Rent or Lease, nor is he entitled to service of any of the statutory notices required by law to be provided occupants.

This Co-Signer Agreement shall continue in full force and effect for:

() a period not to exceed _____

() the entire term of Resident's tenancy including any extensions, and any rental increases in effect during the tenancy.

NOTE: RENT IS DUE IN THE 1ST AND LATE AFTER THE 5TH OF THE MONTH. A LATE FEE OF \$20.00 WILL BE CHARGED IF RECEIVED AFTER THE 5TH OF THE MONTH.

Owner/Agent

Co-signer

OWNER / AGENT

SIGNATURE/DATE

BY

SIGNATURE/DATE

TITLE/DATE

****CO-SIGNER SIGNATURE MUST BE ACKNOWLEDGED BEFORE A NOTARY PUBLIC****

State of _____

County of _____

ON _____, **20**___ **before me,**

_____, **a Notary Public in and for said State, personally**
Name and Title of Officer

Appeared _____.

Name of Co-Signer

Instructions:

Thank you for your cooperation in this matter. Please use the following instructions for filling out the co-signer application:

1. Fill out page one completely.
2. Sign one of the two copies of page two.
3. Fax the filled-out page one and the signed copy of page two back to the number above: 510-588-5465.
4. Take page one and the blank copy of page two to a Notary for notarization.
5. Mail the original notarized copies back to us at the above address along with a check for \$25.00 for credit screening.

Thanks in advance,

The Management Team at
CEDAR PROPERTIES.