

310 Locust St, Suite C, Santa Cruz, CA 95060 phone 831.420.3240 • fax 831.426.1002

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## **TENANT CO-SIGNER**

Property Location:			
Tenant's Name:			
Relationship to Tenant:			
Name of Co-Signer:			
Social Security #:	rity #: Driver License #:		
Address:			
City:		_ State: _	Zip:
Phone #:	How long: _		
Previous Address:			
City:		_ State: _	Zip:
Employer:			
Address:			
City:		State:	Zip:
Phone #:	How long:		Monthly Gross Income:
Job Title:	Name of	Superviso	r:
Other Source of Income:			Amount per Month:
CO-SIGNER AGREEMENT:			
The undersigned acknowledges that	this agreement is being e	executed to	personally guarantee the rental agreement
of (Tenant's Name)	and	for the pay	yment of any monetary damages suffered by
Landlord, including but not limited t	to, actual attorneys fees i	ncurred in	the enforcing of said agreement and/or this
guarantee, that the undersigned is r	not occupying the premise	es and is n	ot entitled to service of any of the statutory
notices required by law to be provide	led occupants.		
I am aware that a credit report may	be requested on the abo	ove informa	ation.
Signature of Co-Signer			Date∙