

Advanced Realty & Investment

4403 S Terrace Rd. Tempe, AZ 85282
Phone: (480) 217-2512 Fax: (480) 820-2669

Co-Signer Application

House address your applying for: _____

Person you are cosigning for: _____

Name _____ Social Security Number ____ - ____ - ____

Date of Birth _____ Place of Birth _____

Marital Status _____ Name of Spouse _____

Address _____ City _____ State _____ Zip _____

County _____ Time There Yrs. ____ Mo. ____ [] RENT or [] OWN

Phone _____ Work _____ Fax _____

E-Mail _____

Drivers License # _____ State _____ Expiration Date _____

Employers Name _____ Date Started _____

Address _____ City _____ Phone _____

Position _____ Monthly Income _____ Supervisor _____

All information furnished on this application is to the best of your knowledge complete & accurate. Discovery of false or omitted information constitutes grounds for rejection of this application. You or any agent of your choice may verify any and all information from whatever source you choose. I authorize all persons or firms named in this application to provide any requested information about me and I hereby waive all rights of action for any consequences resulting from such information. I acknowledge payment of \$20.00 as a non-refundable fee for the processing of this application.

Co- Applicant Signature _____ Date _____