



**Westchester
Woods
Apartments**

SURETY AND CO-SIGNER AGREEMENT

(ADDENDUM TO LEASE/RENTAL AGREEMENT)

1230 Little Drive Kalamazoo, MI 49006 Phone (269)375-3989

Fax (269) 375-1154

Website: WestchesterWoodsKazoo.com

Email: Westchesterleases@sbcglobal.net

_____/_____/_____
Date

This form must be signed in front of a leasing consultant, manager, or a Notary Public.

This agreement is attached to and made a part hereof the Lease Agreement.

I, _____ Co-Signer Name _____, as Co-signer for _____ Tenant Name _____, agree to the lease between the above resident and Westchester Woods Apartments and therefore do hereby agree and guarantee the Lessee's compliance with the financial obligations of this Agreement. I understand that I may be required to pay for rent, cleaning charges, late rent fees, non-sufficient fund checks, utilities, pet damages, or damages assessments in such amounts as are incurred by the Lessee(s) under the terms of this Agreement, if and only if, the Lessee(s) themselves fails to pay. Co-signer further agrees that Lessor will have no obligation to report to Co-signer should Lessee fail to abide by the terms of the lease agreement.

I understand that this Co-signer Agreement will remain in force throughout the entire term of the Lessee's tenancy, even if their tenancy is extended and/or changed in its terms. If Lessor and Co-signer are involved in any legal proceeding arising out of this Agreement, the prevailing party shall recover reasonable attorney fees, court costs and any costs reasonably necessary to collect a judgment. Should legal action be necessary concerning this agreement, the jurisdiction and venue for such action will be held in Kalamazoo County in the State of Michigan. I understand that it will be required by the approval process to run a credit check on the Co-signer(s). I hereby give the Lessor authorization to verify my credit history.

IN WITNESS THEREOF my signature is given below binding the terms and conditions of this co-signer agreement and binding each co-signer **JOINTLY AND SEVERALLY** to the payment of the within agreed and to the performance of all conditions and requirements of the Lease to which they are co-signing. THIS IS A LEGAL DOCUMENT, IF NOT UNDERSTOOD, LEGAL COUNSEL SHOULD BE CONSULTED BEFORE SIGNING.

Co-signer Signature

_____/_____/_____
Date

This document was subscribed, signed, and sworn before me on this date

My commission expires on ____/____/____

***Note: Notary Public must put his or her stamp and/or seal before being received by our office.**



Westchester Woods Apartments

CO-SIGNER APPLICATION

1230 Little Drive Kalamazoo, MI 49006 Phone (269)375-3989

Fax (269) 375-1154

Website: WestchesterWoodsKazoo.com

\$25 Application Fee per Person payable by check or money order – Non-Refundable. Checks returned NSF will incur a \$25 additional fee. You must be at least 21 years of age to apply to Co-sign on a Rental/Lease Agreement and you must reside in the United States of America.

Full Name: _____

Spouse's Full Name: _____

SSN: _____ Spouse's SSN: _____

Date Of Birth: _____ Spouse's DOB: _____

Home Phone: () _____ Cell Phone: () _____

Email: _____

Current Address: _____

Street _____

City, St, Zip _____

****The above information must be filled out completely for Westchester Woods Apartments to be able to access your credit information. ****

Do you own your home? **Yes** **No** Years at residence _____

Have you ever declared bankruptcy? **Yes** **No** Year: _____

Mortgage or rental payment per month: _____

Present Mortgage Co or Landlord _____

If renting, Landlord Phone () _____

Present Employer: _____

Address: _____

Employer Phone: () _____ Employed From: _____ To: _____

Position: _____ Supervisor: _____

Gross Monthly Income: _____

If less than One year, please list Previous Employer:

Employed From: _____ To: _____ Gross Monthly Income: _____

Employer's Address: _____ Phone: () _____

Position: _____ Supervisor: _____

Work Phone Number: () _____

If there are other sources of income you wish to have considered, please list below:

Amount: _____ per _____ Source: _____ Phone: () _____