

**THE SAXONY APARTMENTS  
305 NORTH FRANCES STREET  
MADISON, WI 53703  
(608) 255-9353 \* FAX (608) 255-9445**

**APPLICATION FOR COSIGNER**

Name(s) of applicant to occupy apartment: \_\_\_\_\_

Building: \_\_\_\_\_ Apartment \_\_\_\_\_ Rent \_\_\_\_\_

Security Deposit \_\_\_\_\_ Lease Term: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

**NAME OF COSIGNER:** \_\_\_\_\_ **S.S.#** \_\_\_\_\_

**Birthdate** \_\_\_\_\_ **Relationship to Applicant** \_\_\_\_\_

Address: \_\_\_\_\_ City-State-Zip \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Own or Rent? \_\_\_\_\_ If Rent, Landlord's Name \_\_\_\_\_

Address of Landlord \_\_\_\_\_ City-State-Zip \_\_\_\_\_

Landlord's Phone \_\_\_\_\_ How long at this address: \_\_\_\_\_

**Employed By:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City-State:** \_\_\_\_\_

**Position Held:** \_\_\_\_\_ **Monthly Income:** \_\_\_\_\_

**How Long Employed:** \_\_\_\_\_ **Other Source of Income** \_\_\_\_\_

**Annual Amount:** \_\_\_\_\_

**Credit References (Supply Account Name with Credit References):**

\_\_\_\_\_  
\_\_\_\_\_

Per lease agreement, lines #139-142; "In consideration of Landlord's agreement to this lease, the undersigned guarantee(s) the payment of all amounts due under the lease and the performance of the covenants by Tenant."

**Cosigner's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Cosigner's Phone:** \_\_\_\_\_

This cosigner consents to a routine inquiry of references and credit agencies. This inquiry will provide information concerning the cosigner's credit worthiness and reliability. Landlord will advise if a credit report is requested and the name and address of the credit reporting agency. This is not a rental agreement, contract or lease; all applications are subject to the approval of the Owner or a Managing agent. False, inaccurate, or incomplete information may result in the rejection of this application.

**Upon approval of cosigner, applicant and cosigner will be required to sign the lease.**