

Cosigner Agreement

Main Office | 112 E Maple St | Suite 101 | Bellingham, WA 98225 | 360.647.3499 [p] | 360.392.6101 [f] | westviewrentals.com

Cornerstone Office | 2230 Cornerstone Lane | Suite 116 | Bellingham, WA 98226 | 360.671.5995 [p] | 360.392.6101 [f] | westviewrentals.com

Property Address: _____

All tenants occupying unit:

Name: _____ Relationship: _____
 Name: _____ Relationship: _____
 Name: _____ Relationship: _____
 Name: _____ Relationship: _____

*Please review the **Statement of Guaranty** for your responsibilities as a cosigner.

Lease Term: **Beginning & End Date as defined by the Lease** Total Monthly Rent: \$ _____

Personal Information:

Name: _____ Social Security #: _____ - _____ - _____ Date of Birth: ____/____/____

Gov't ID#: _____ Type of ID: _____ Issuing State: _____ Expiry: _____

Email: _____ Cell Phone: _____ Home Phone: _____

Preferred Contact Method: _____ Single or Married? _____ Rent or Own?: _____ # of years: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Current Employer: _____ Work Phone: _____ Supervisor: _____

Work Address: _____ City: _____ State: _____ Zip: _____

Start Date: ____/____/____ Position: _____ Gross Monthly Income: \$ _____

If you would like your spouse's income to be considered, please complete the following:**

Name: _____

Current Employer: _____ Work Phone: _____ Supervisor: _____

Work Address: _____ City: _____ State: _____ Zip: _____

Start Date: ____/____/____ Position: _____ Gross Monthly Income: \$ _____

Statement of Guaranty: I have no intentions of occupying the unit referenced above. However, as a cosigner for the above named tenant(s), I acknowledge that I will unconditionally guarantee payment of rent under the Lease Agreement for the rental unit referenced above and know that I am bound by the terms and conditions of the Lease. If the tenant(s) default in the payment of any installment of rent or other Lease provision, or fail to comply with the terms of the Lease in any way, Guarantor shall pay upon demand, the amount of rent due, the amount of damage and/or cleaning expense incurred to restore the unit to the condition in which it was originally rented to the above tenant(s) less normal wear and tear, and/or pay the amount of income lost due to the breaking of the Lease or other failures to comply with the terms of the Lease Agreement. **Washington State Law states that each signer on a Lease (including a cosigner) is equally and separately liable for the entire rent during the term of the Lease.** The Guarantor's liability hereunder shall not be affected by reason of any extension of time for payment of any installment granted by the Landlord to the tenant(s). **This guarantee shall not be revoked during the term of the Lease, even if tenancy is extended and/or changed in its terms.**

By signing below you authorize Westview Real Estate to contact credit agencies to verify any credit and/or employment records. Please submit this form with a color copy of your ID. You also declare under penalty of perjury under the laws of the State of Washington that the information contained herein is true and correct. Delivery of a facsimile or other copy of this Agreement has the same effect as delivery of an original.

Cosigner Signature: _____ Date: _____

Print Name: _____

**If we will be considering spousal income, Spouse's signature is also required.

Spousal Signature: _____ Date: _____

Print Name: _____

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|---|
| Office Use Only |
| Please initial to acknowledge receipt of \$25 non-refundable fee: |
| _____ Initials |
| _____ Date |