

# Swan Properties

PO Box 271516, Fort Collins, CO 80527  
Office (970) 567-1327 . Fax (970) 692-8364  
[www.SwanProperties.net](http://www.SwanProperties.net)

Dear Parent or Co-Signer:

**All blanks must be filled in. Co-signer form will be attached and made part of the lease agreement for:**

(Prospective resident's full name here) \_\_\_\_\_ has applied

for one of our rental properties located at (Property Address) . \_\_\_\_\_

As you have been listed on the rental application as a means of support, it is our policy to require acknowledgement and consent from you.

Please sign the co-signer form below, have it notarized, and return it to Swan Properties LLC. You may fax the notarized copy to our office number above, but must mail the original copy to us as soon as possible.

This form is an acknowledgement that (co-signer -please print full name)

\_\_\_\_\_ accepts financial responsibility for the lease term and all subsequent renewal lease terms. Financial responsibility includes, but is not limited to, payment of any unpaid rents, utilities, late fees and any damage incurred to the property by the

above applicant, whose relationship to me is \_\_\_\_\_.

If legal action is necessary concerning this agreement, I understand and agree that the jurisdiction and venue for such action will be in the county in which the property resides, in the State of Colorado.

**Any faxed documents with signatures pertaining to the lease, accepted in good faith, shall be considered original signatures.**

Date:

Co-Signer's Signature

Complete Address

Social Security #

Phone #

**PLEASE NOTE: THIS STATEMENT MUST BE NOTARIZED**

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

SUBSCRIBED AND SWORN TO BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_

THE FOLLOWING PERSON(S) \_\_\_\_\_

\_\_\_\_\_

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Co-Signer for: (Prospective applicant)

Property Address: \_\_\_\_\_ Move-in Date: \_\_\_\_\_

CO-SIGNER'S NAME \_\_\_\_\_ SS # \_\_\_\_\_ DOB: \_\_\_\_\_

CO-SIGNER'S NAME \_\_\_\_\_ SS # \_\_\_\_\_ DOB: \_\_\_\_\_

TELEPHONE: HOME \_\_\_\_\_ WORK \_\_\_\_\_ OTHER \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

LANDLORD/MORTGAGE CO. \_\_\_\_\_ MONTHLY PAYMENT \_\_\_\_\_

LANDLORD'S PHONE # \_\_\_\_\_ DATES OF OCCUPANCY FROM \_\_\_\_\_ TO \_\_\_\_\_

EMPLOYMENT \_\_\_\_\_ HUMAN RESOURCES # \_\_\_\_\_

ADDRESS \_\_\_\_\_ SUPERVISOR \_\_\_\_\_

MONTHLY INCOME \_\_\_\_\_ DATES OF EMPLOYMENT FROM \_\_\_\_\_ TO \_\_\_\_\_

OTHER INCOME (PLEASE EXPLAIN) \_\_\_\_\_

CO-SIGNER AGREEMENT: I have examined the information I have provided on this application and hereby agree that all the questions I have answered are true to the best of my knowledge. I understand and agree that this application is subject to approval by Agent based primarily on the information I have supplied on this application. I hereby waive any claim for damages if my application is not accepted. On behalf of the owner and any assignees, I hereby authorize Agent to obtain a current credit bureau report, and to call or write any of my references for verification that the statements are true and accurate I also authorize Agent to make further credit inquiries in regard to continued creditworthiness and collection of unpaid rent or damages to the premises. Your credit report may be shared with principle owner(s) and assignees. This application will be attached and made part of the lease agreement.

**Any faxed documents with signatures pertaining to the lease, accepted in good faith, shall be considered original signatures.**

Date \_\_\_\_\_ Co-Signer's Signature \_\_\_\_\_

Date \_\_\_\_\_ Co-Signer's Signature \_\_\_\_\_