

MetroCrossing Apartments

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Cosigner Application

Unit Information

Unit Type _____ Floor Preference _____ Rent Amount _____ Move In Date _____

Applicant Information

Full Name _____ Date of Birth _____ Telephone _____

Cosigners Information

Full Name _____ Date of Birth _____ Telephone _____

Social Security Number _____ Relationship to Applicant _____

Email Address _____

Cosigners Housing Information

Current Address _____ Rent/Mortgage \$ _____

Dates Rented/Owned _____ Landlord _____ Telephone _____

Cosigners Employer and Income

Current Employer _____ Address _____ Position _____

Telephone _____ Dates Employed _____ Monthly Income _____

Have you ever failed to pay rent when due? Y N

Have you ever been evicted? Y N

Have you ever filed for bankruptcy? Y N

The purpose of this application is to determine whether I qualify as a tenant. If my application is approved, the Landlord and I shall sign a written lease or rental agreement. The Landlord and I have no rental agreement until the time the lease or written rental agreement is signed.

Receipt of earnest deposit in the amount of \$ _____ paid by _____ is hereby acknowledged: deposit to be returned if application is not approved: If approved, this sum is to be applied to security deposit and/ or month's rent. If applicant refuses to sign lease after being approved, or doesn't take occupancy, they forfeit their deposit. Applicant's consents to routine inquiry of references and credit agencies to provide applicable information concerning applicant's character, credit worthiness, reliability, and income amount. Falsification of information will result in automatic denial of application.

Signature _____ Date _____