

Cosigner Form

Philadelphia Apartment Rentals Inc.
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• Please return this **form returned so we can start processing. Within 3 days of receiving the call that they are approved, we will then need this form notarized. It can be mailed, emailed or faxed to us** with a copy of your driver's license to 215-558-6007. There is a \$10 cosigner fee associated with this form. If this form is for a lease renewal, the notarization & fee will be waived. Please keep a copy for your records.

• Please do not send this form back with any blanks remaining. Ask the applicant for the address and unit #. This form should be completed in your own handwriting. One form per cosigner must be submitted. Co-signers do not have to complete rental applications also, just this co-signer form.

Cosigner Name: _____ Social Security #: _____
Date of Birth: _____ Occupation: _____
Street Address: _____
City, State & Zip Code: _____
Work Phone #: _____ Cell Phone #: _____
Home Phone #: _____ Email Address: _____

Cosigner Signature Date

I guarantee the monthly payment of rent during the term of the lease, or any extension thereafter, for _____, _____, _____ (the "Tenant(s)"), who is/are applying for the property located at _____ Apt. # _____.

My obligation to fulfill the terms and conditions of the lease are identical to that of the Tenant(s) listed above. I grant the leasing agent permission to examine my credit rating.

STATE OF _____ COUNTY OF _____
On this, the _____ day of _____, A.D. _____, before me, a notary public the undersigned individual(s) _____, personally appeared, known to me (or satisfactorily proven) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged that he/she/they executed the same for the purposes therein contained.
In Witness Whereof, I hereunto set my hand and official seal.

Notary Public My Commission Expires: _____