



# LEXINGTON RIDGE APTS

Century Sales & Management, LLC  
8600 Lexington Ave Lincoln, Nebraska 68505  
Phone: (402) 437-8310 Fax: (402) 437-8314

**A non-refundable Co-Signer Application Fee is required.**  
**A valid picture ID is required. Co-Signer Qualifications:**  
To be a qualified co-signer, they must be over the age of 18, be able to show verifiable, good rental history from an unbiased source, or ownership of home, a good credit history, rent of the unit must be less than 30% of the monthly income, and you must be able to prove employment with the same company for the last year. If you are self-employed please turn in your proof of income with this co-signer application. Co-signer guarantees payment of rent, and all other charges under the attached lease pursuant to the terms thereof. Co-signer is jointly and severally liable with agreement and shall, with the tenant, perform the obligations required of tenant. Unless released in writing by Landlord, co-signer's obligation hereunder shall continue through the date when tenant's obligation to pay rent ceases.

## CO-SIGNER APPLICATION

**APPLICANT'S NAME** \_\_\_\_\_  
First Middle Last

**RENTAL ADDRESS** \_\_\_\_\_ **Apt #** \_\_\_\_\_  
Address City State

**CO-SIGNER**  
**1. LEGAL NAME** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_  
(Please Print) First Middle Last Mo./Day/Yr.  
**Soc. Sec. #** \_\_\_\_\_ **Dr. Lic. #** \_\_\_\_\_  
(This is necessary to run your credit report)

**SPOUSE** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_  
(Please Print) First Middle Last Mo./Day/Yr.  
**Soc. Sec. #** \_\_\_\_\_ **Dr. Lic. #** \_\_\_\_\_  
(This is necessary to run your credit report)

**CO-SIGNER**  
**2. CURRENT ADDRESS** \_\_\_\_\_ **Apt. #** \_\_\_\_\_  
City State ZIP  
**How Long** \_\_\_\_\_ **Current Rent/House Pmt. \$** \_\_\_\_\_ **Daytime Phone # ( \_\_\_\_\_ )** \_\_\_\_\_  
yrs. / mos.

**Current Landlord/Mortgage Lender** \_\_\_\_\_  
First Name Last Name

**Landlord/Mortgage Lender Address** \_\_\_\_\_  
Address City State ZIP

**Landlord/Mortgage Lender Phone # ( \_\_\_\_\_ )** \_\_\_\_\_

**3. RESIDENCE FOR LAST TWO YEARS**

Rental Address	Dates Occupied	Landlord	Landlord Phone	Landlord Address
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____



4. FIRST PERSON INCOME

Current Employer \_\_\_\_\_ Employer Address \_\_\_\_\_

Phone # ( \_\_\_\_\_ ) \_\_\_\_\_ Job Title \_\_\_\_\_ Date Employed \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Gross Income \_\_\_\_\_ /yr. \_\_\_\_\_ /mo. \_\_\_\_\_ /wk.

Other Income: Source \_\_\_\_\_ Amount \_\_\_\_\_

(If self employed provide proof of this income along with this application)

SPOUSE INCOME

Current Employer \_\_\_\_\_ Employer Address \_\_\_\_\_

Phone # ( \_\_\_\_\_ ) \_\_\_\_\_ Job Title \_\_\_\_\_ Date Employed \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Gross Income \_\_\_\_\_ /yr. \_\_\_\_\_ /mo. \_\_\_\_\_ /wk.

Other Income: Source \_\_\_\_\_ Amount \_\_\_\_\_

(If self employed provide proof of this income along with this application)

BANK REFERENCE:

Bank Name \_\_\_\_\_ Type of account \_\_\_\_\_

Bank Phone #( \_\_\_\_\_ ) \_\_\_\_\_

**\*\*NOTICE TO CO-SIGNER\*\***

You are being asked to guarantee this lease. If the tenant does not pay the rent, it will be your responsibility. Be sure you can afford to pay if you accept this responsibility.

When a co-signer is required, the Co-Signer Application must be filled out completely, signed and delivered to our office within 48 hours of being informed. If the Co-Signer Application is not received within a 48 hour period, the subject unit applied for will be put back on the market. **If I as co-signer should cancel this application after two days from the date application is submitted, the ENTIRE deposit will be retained as termination charges.**

I (Co-Signer) authorize the Landlord or Landlord's agents to verify the above information such as employment, financial information, and past residential history. Verification or re-verification of any information contained in the application will be retained by Landlord. Any person or entity identified on this application or holder of public record is hereby instructed to release information regarding this application, my credit, tenant, check writing histories and/or my criminal record to Tenant Data Services Inc. (402) 476-3181 and or Credit Information Systems Midwest (800) 782-9094. Agencies used by Tenant Data Services or Credit Information Systems Midwest to acquire this information may include, but are not limited to, Experian, Equifax, or Trans Union, TeleCheck, and or any law enforcement agency. Upon request, Tenant Data or Credit Information Systems Midwest will provide the name and phone number of any outside agency used in the verification process.

Co-Signer acknowledges and consents that he/she understands that Century Sales & Management LLC is the common law agent for the owner, and as such Co-Signer is a customer, not a client of Century Sales & Management LLC.

\_\_\_\_\_  
CO-SIGNER SIGNATURE

\_\_\_\_\_  
DATE