



Pinion Property Management, Inc
 1605 NW Monroe Avenue/P.O. Box 1954
 Corvallis, OR 97339-1954
 Phone: (541)754-1213 Fax:(541)753-4704

CO-SIGNER RENTAL APPLICATION

Co-signing for (applicant name): _____

CO-SIGNER INFORMATION:

NAME: First _____ Full Middle _____ Last _____

DATE OF BIRTH: ___/___/___ SS#: _____ HOME TEL. #: _____

DRIVER LICENSE. # AND STATE: _____

Have you been or are you currently being evicted? _____ If so, why? _____

Current Employer: _____

Employer Phone #: _____ >>

***If Human Resources phone number is not available,
 OR CO-SIGNER IS SELF-EMPLOYED, please attach
 a copy of a recent paycheck stub or bank statement.**

Employer Address _____

Gross Monthly Income: _____

Co-signer applicant hereby certifies the information provided is true and correct and authorizes the landlord/agent to make any and all inquiries necessary to evaluate this application. Information provided may be made available to other services or agencies for verification either during the application process or, if approved, during occupancy. Applicant understands and accepts that any information provided that is incomplete, inaccurate or falsified shall be grounds for denial or subsequent termination of tenancy upon determination of such falsified information.

Co-signer applicant understands and agrees that he/she is not authorized to occupy the dwelling unit, but will be responsible for the tenants' performance on the rental agreement, including financial obligations. Please sign below to accept these terms.

Co-signer Signature: _____ Date: _____

~ THANK YOU ~



FOR OFFICE USE ONLY

EMPLOYMENT VERIFICATION:

PT/FT PERM/TEMP DOH: _____ GMI: _____

OTHER: _____

PUBLIC RECORD: _____