



5710 Oleander Dr, Ste 102, Wilmington, NC 28403
 PO Box 717 Wrightsville Beach, NC 28480
 Office: (910)452-3013 Fax: (910)452-9552
 Website: www.Atlanticrm.com



Co-Signer Application

Property Address	\$20.00 Application Fee(Non-Refundable) Cash _____ Money Order _____
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Applicant Information (If applicant is accepted as a co-signer, this application is to become part of the rental agreement)

Last Name	First Name	MI	Birth Date	Social Security #	License # and State
Cell Phone		Additional Phone		Email Address	

Address

Present Address			City	State	Zip Code
How long occupied?	Rent/Mortgage Amount	Landlord/Mortgage Company Contact Name and Number		Landlord/Mortgage Company Fax Number	

Employment

Present Employer		Position	Phone Number	How long employed	Gross Monthly Salary
Employer Address		City	State	Zip Code	Supervisor
				Supervisor #	

Other Income(Child Support, Retirement, Etc. Verification is required)

Source	Amount	Contact Name and Number
Source	Amount	Contact Name and Number

Have you ever? (circle YES or NO)

Been evicted?	YES	NO	Broken a lease agreement?	YES	NO	Filed Bankruptcy?	YES	NO
Been sued for rent?	YES	NO	Been sued for property damage?	YES	NO	Have a current judgment/lien?	YES	NO

Are you?

In this country legally? _____YES _____NO

I hereby submit **cash or money order** in the amount of **\$20.00** as a **NON-REFUNDABLE** application fee. I acknowledge that all information stated on the application is true. I understand that this application is subject to the review and approval of Management, and I understand that Management has the sole discretion to decide if I can lease this property. **I hereby consent to allow Atlantic Rental Management, through its designated agents and employees, to obtain my credit information, to review my occupancy history, payment history and/or criminal background check as deemed necessary and to verify the income stated on this application in order to process my application.** No person shall be denied the right to rent one of our properties based on applicant's race, color, religion, national origin, sex, age, disability, marital status, or familial status. I acknowledge that Atlantic Rental Management , LLC acts as agent for the owner and thereby represents the interest of the owner.

Applicant's Signature Date



Co-Signer Addendum

This agreement is attached to and forms a part of the Rental Agreement between:

Atlantic Rental Management as Owner/Agent and

_____ as Tenant

You are being asked to guaranty the payments for _____(Tenant's Name)

at _____(Property).

I, the co-signer _____(Name and Relationship to Tenant), have completed a Rental Application for the express purpose of enabling the Owners to check my credit. I promise to guarantee the Tenants' compliance with the financial obligations of this Agreement. I understand that I may be required to pay for rent, cleaning charges, or damage assessments. I agree to comply with and uphold all of the terms of the lease agreement. I also understand that this Co-Signer Agreement will remain in force throughout the entire term of the tenant's tenancy, even if their tenancy is extended and/or changed in its terms.

I, the co-signer understand that Atlantic Rental Management can use the same collection methods with the co-signer that can be used with the renter. If the renter is ever in default of any Tenant obligation, I am responsible.

I, the co-signer agree to unconditionally, absolutely and continuously guaranty the performance by the tenant of all obligations under the Rental Agreement, including but not limited to timely payment of the rent and all other financial obligations due Owner. I understand the liability of co-signer is direct and unconditional and may be enforced without requiring Owner first to exercise, enforce or exhaust any right or remedy against Tenant.

I, the co-signer recognizes that Owner has agreed to rent to Tenant only because of this guaranty and that the continued validity of this guaranty is a material term of the Rental Agreement.

I, the co-signer understand and agree that any suit or action brought on this Rental Agreement may be brought in any state or federal court sitting in the county in which the property is located. I agree to pay all cost and attorney's fees incurred by the Owner in enforcing the Rental Agreement of this agreement.

Please be sure you want to accept this responsibility and that you are able to assume the financial obligation should that become necessary.

Print Name

Signature

Date





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Co-Signer Application

ATLANTIC RENTAL MANAGEMENT, LLC COMPLIES WITH THE FAIR HOUSING ACT IN MANAGING, RENTING AND LEASING ALL PROPERTIES

It is our policy at Atlantic Rental Management, LLC that no person shall be denied the right to rent one of our properties based on applicant's race, color, religion, national origin, sex, age, disability, marital status, or familial status.

Application Process

- This co-signer application is for someone who is willing to accept the responsibility and assume the financial obligation of an individual who is trying to qualify for one of our property rentals.
- This application must be completely filled out and application fee paid prior to processing the application.
- The information required on the application is necessary for us to qualify you as a co-signer.
- The application process normally takes 1 to 2 business days.
- The application fee must be paid by cash or money order, we do not accept personal checks for application fees.
- Please make sure you are aware that you are applying to be a co-singer for the whole residence, and not just for the individual. As we do not accept partial rent, each co-signer is guaranteeing the full amount of rent and not just a portion.

Qualifications

- **Occupancy History-** Atlantic Rental Management, LLC verifies at least 24 months of rental/ownership history. A positive record of on time payments, lease/mortgage fulfillment, as well as no violations or damages.
- **Credit History-** Applicants must have an acceptable credit score of 650 with no judgments, collections, or charges off accounts within the past 12 months. Credit history should positively reflect the applicant's ability and willingness to make payments as required by the lease. Exceptions may be allowed for medical bills and student loans.
- **Employment-** Proof of stable and verifiable current employment must be provided. The amount of the monthly rent must not exceed 35% of the applicants monthly income. Acceptable forms of income verification may include a 2 months worth of pay stubs, a letter from employer on company letterhead, or the most recent W-2 form. For self-employed applicants, certified verification from applicant's accountant or bank.

Atlantic Rental Management, LLC chooses rent amounts based on current market conditions and instructions from the property owner. By signing below tenant(s) acknowledge reading and understanding the above.

Signature

Date

APPLICANT AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION

This release and authorization acknowledges that **Atlantic Rental Mgmt, LLC** may now, or any time while I am renting, conduct a verification of my current and previous tenant history, current and previous employment, credit history, contact personal references, and to receive any criminal history information pertaining to me which may be in the files of any Federal, State, or Local criminal justice agency, and to verify any other information deemed necessary to fulfill the Tenant requirements. The results of this verification process will be used to determine tenant eligibility under **Atlantic Rental Mgmt, LLC** tenant policies.

I authorize **Background Info USA** and any of its agents, to disclose orally and in writing the results of this verification process to the designated authorized representative **Atlantic Rental Mgmt, LLC**

I have read and understand this release and consent, and I authorize the background verification. I authorize persons, schools, current and former employers, current and former landlords and other organizations and Agencies to provide **Background Info USA** with all information that may be requested. I hereby release all of the persons and agencies providing such information from any and all claims and damages connected with their release of any requested information. I agree that any copy of this document is as valid as the original.

Applicant Signature

Print Name Clearly

Co-Applicant Signature

Print Name Clearly

Date: _____