

UNION HILL REAL ESTATE CO-SIGNER APPLICATION

2929 McGee Street, Suite 100 Kansas City, Missouri 64108 Office (816) 777-5900 Fax (816) 472-0422



Property \_\_\_\_\_ Unit Address \_\_\_\_\_

Prospective Residents Name(s) \_\_\_\_\_

Co-signer Information

FULL NAME \_\_\_\_\_

Social Security No. \_\_\_\_\_ DOB \_\_\_\_\_ Email \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_ Home Telephone (\_\_\_\_) \_\_\_\_\_ Work Telephone (\_\_\_\_) \_\_\_\_\_

CURRENT ADDRESS \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Month & Year Moved In \_\_\_\_\_

Owner or Agent \_\_\_\_\_ Phone ( ) \_\_\_\_\_

PREVIOUS ADDRESS (if within 3 years) \_\_\_\_\_

Month & Year Moved In \_\_\_\_\_ Moved Out \_\_\_\_\_

Owner or Agent \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Employment Status

CURRENT EMPLOYER

EmployerAddress \_\_\_\_\_

Employer Phone \_\_\_\_\_ Date(s) Employed \_\_\_\_\_

Position \_\_\_\_\_

Gross Salary \$ \_\_\_\_\_ per month / year (circle one).

PREVIOUS EMPLOYER (if within 1 year) \_\_\_\_\_

EmployerAddress \_\_\_\_\_

Position \_\_\_\_\_ Date(s) Employed \_\_\_\_\_

Gross Salary \$ \_\_\_\_\_ per month / year (circle one).

OPTIONAL: SPOUSE'S EMPLOYER

(If Spouse's income is to be considered, Spouse must also sign below.)

EmployerAddress \_\_\_\_\_

Position \_\_\_\_\_ Date(s) Employed \_\_\_\_\_

Gross Salary \$ \_\_\_\_\_ per month / year (circle one).

If there are other sources of income you would like us to consider, please list them below. Under the Truth In Lending Act, you are NOT required to disclose alimony, child support or spouse's annual income unless these sources will be used as a basis for the monthly rent payment.

Amount \$ \_\_\_\_\_ per \_\_\_\_\_ Source \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_

Amount \$ \_\_\_\_\_ per \_\_\_\_\_ Source \_\_\_\_\_ Dates: From \_\_\_\_\_ To \_\_\_\_\_

A \$35.00 non-refundable Application Processing Fee per application is required to be paid prior to processing of the Co-signer Application. Please make check payable as follows -- for The Founders and Payne Rowhomes: "CLP1", for Roanoke Court Apartments: "RCA", and for Union Hill Place: "UHP" (Call our office if you have questions.)

In compliance with the FAIR CREDIT REPORTING ACT this notice is to inform you that the processing of this application includes but is not limited to making any inquiries deemed necessary to verify the accuracy of the information herein, including procuring consumer reports from consumer credit reporting agencies, obtaining credit information from the other credit institutions, and that a criminal background check will be examined. The undersigned agree this application and any information reports will remain the property of Union Hill, 2929 McGee, Kansas City, MO 64108.

I hereby grant this property and Screening Reports Inc., the right to process this application for the purpose of obtaining a Rental/Lease Agreement with this property. Additionally, I authorize all corporations, companies and law enforcement agencies, academic institutions and current and former employers to release information they may have about me and release them from any liability and responsibility from doing so. A photographic or faxed copy of this authorization shall be valid as the original. I certify that the above information is true and correct to the best of my knowledge and I understand that this application may be revoked if any information furnished is found to be incorrect.

I authorize Union Hill, and/or its agents to process my application and to examine my employment & credit history. I hereby grant all current and former employers to release information they may have about me and release them from any liability and responsibility from doing so.

Signature of Co-signer \_\_\_\_\_ Date Signed \_\_\_\_\_

If Spouse's Employment is included above, Spouse must also sign:

Signature of Spouse \_\_\_\_\_ Date Signed \_\_\_\_\_

CHECK ONE:

- I plan to be present at Lease Signing
At Lease Signing, fax the Co-Signer Addendum to: (FAX #)
At Lease Signing, email the Co-Signer Addendum to: (Email)



Credit Card Information Please circle: Mastercard Visa

CC# \_\_\_\_\_ Exp. Date: \_\_\_\_\_ 3 Digit Security Code: \_\_\_\_\_

Name on Card \_\_\_\_\_ Billing Address and Zip Code \_\_\_\_\_

Authorization Signature \_\_\_\_\_