

## Guarantor Application

Guarantor Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
First Middle Last Suffix

Current Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
Street City State Zip

Driver's License # \_\_\_\_\_ State \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Social Security # \_\_\_\_\_

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Spouse Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
First Middle Last Suffix

Driver's License # \_\_\_\_\_ State \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Social Security # \_\_\_\_\_

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### Applicant(s) Name Occupying Apartment:

1. \_\_\_\_\_ 2. \_\_\_\_\_  
Name DOB Relationship Name DOB Relationship

3. \_\_\_\_\_ 4. \_\_\_\_\_  
Name DOB Relationship Name DOB Relationship

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How long at present address? \_\_\_\_\_ Rent? \_\_\_\_\_ Own? \_\_\_\_\_ Parents? \_\_\_\_\_ Monthly Payment \_\_\_\_\_

Present Apt. Community/Mortgage Co. Name \_\_\_\_\_ Phone \_\_\_\_\_

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Current Employer \_\_\_\_\_ Occupation \_\_\_\_\_ Length of Employment \_\_\_\_\_

Employer Address \_\_\_\_\_ Annual Salary \_\_\_\_\_  
Street City State Zip

Supervisor Name \_\_\_\_\_ Phone \_\_\_\_\_ Ext. \_\_\_\_\_ Fax \_\_\_\_\_

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Spouse Employer \_\_\_\_\_ Occupation \_\_\_\_\_ Length of Employment \_\_\_\_\_

Employer Address \_\_\_\_\_ Annual Salary \_\_\_\_\_  
Street City State Zip

Supervisor Name \_\_\_\_\_ Phone \_\_\_\_\_ Ext. \_\_\_\_\_ Fax \_\_\_\_\_

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**Fair Housing**

In accordance with federal fair housing laws it is illegal to discriminate against any person because of race, color, religion, sex, handicap, familial status or national origin in connection with the rental of most housing. The federal agency which administers compliance with this law is the U. S. Department of Housing and Urban Development.

**Equal Credit Opportunity Act**

The federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of sex or marital status. The federal agency which administers compliance with this law is the U. S. Equal Credit Opportunity, Federal Trade Commission.

**Income Verification**

Monthly gross income must equal or exceed three times the monthly rent. Acceptable forms of verification are a recent pay stub showing year-to-date earnings, a recent bank statement, or a letter from the bank verifying sufficient funds to cover entire term of the lease and guarantor’s expenses. If self-employed or retired, a recent tax return or W-2 form is acceptable.

**Permission to Release Information**

I warrant and represent that the information submitted on this application is true and correct. I understand that any false information will constitute grounds for rejection of the application. I hereby authorize the release of income and rental/mortgage information to the agents and/or employees of Crowne Partners. I understand that the lease agreement will not become effective until this application is approved by management.

\_\_\_\_\_  
Guarantor Signature Date

\_\_\_\_\_  
Authorized Agent for Owner Date Received

\_\_\_\_\_  
Guarantor E-mail Address

\_\_\_\_\_  
Spouse Signature Date

\_\_\_\_\_  
Spouse E-mail Address

**For Office Use Only:**

Apartment # \_\_\_\_\_ Apt. Type \_\_\_\_\_ Move-In Date \_\_\_\_\_ Lease Term \_\_\_\_\_

Monthly Rent \_\_\_\_\_ Other Monthly Charges \_\_\_\_\_ Leasing Agent \_\_\_\_\_

**Income Verification**

Income Source/ Employer	Occupation	Length of Employment	Annual Salary	Verified By

**Application Approval/Notification**

Application Approved \_\_\_\_\_ Application Conditionally Approved \_\_\_\_\_ Application Declined \_\_\_\_\_

If conditionally approved, list added requirements: \_\_\_\_\_

\_\_\_\_\_  
Application Approved By Date

\_\_\_\_\_  
Applicant Notified By Date