

HERITAGE PROPERTY MANAGEMENT
220 E. Market St. Iowa City, IA 52245
Ph. 319.351.8404 / Fax 319.351.1928
hpmanagement@qwestoffice.net
www.hpmic.com

Date Rcvd: _____

CO-SIGNER FORM

By signing this form, Co-signer authorizes Heritage Property Management to perform a credit check or background check, if necessary. Co-signer forms are accepted at Heritage Property Management's discretion, and a co-signer form does not in any way guarantee an applicant a rental unit. Failure to fully complete a requested co-signer form may result in Heritage Property Management refusing a rental application.

CO-SIGNER INFORMATION

Please print legibly:

Full Name: _____

Date of Birth: _____ Social Security #: _____ - _____ - _____

Home Phone #: _____ Cell Phone #: _____

Address: _____

City: _____ State: _____ Zip: _____

Employer: _____ Work Phone # _____

CO-SIGNING FOR:

Name(s): _____

Unit applied for: _____

It is here by agreed that the aforementioned Co-signer will assume any and all responsibilities and/or obligations of the Leaseholder's share of expenses if the Leaseholder cannot or will not oblige. This Co-signer Agreement will remain in force throughout the entire term of the Leaseholder's tenancy, even if the tenancy is extended and/or changed in its terms.

Co-signer Signature: _____ Date: _____