

DWELLING PLACE PROPERTY MANAGEMENT

P.O. BOX 5637
MISSOULA, MONTANA 59806
(406) 721-1596
(406) 549-9834 fax

Date_____

Property
Address_____

Co-signer Information

Full Name_____

Address_____

SS# _____ Dr Lic #/State_____

Home _____ Business _____ Cell_____

Employer_____ Phone_____

Address_____

Income (Weekly/Monthly) _____

The tenant for whom you would be co-signing:_____

I DECLARE THE FOREGOING INFORMATION TO BE TRUE UNDER PENALTY OF PERJURY.

I hereby certify that the answers I have given in this application are true and correct to the best of my knowledge. I understand that any false answers, lack of answers, or statements given by me are sufficient grounds for eviction and loss of any security deposit given.

I hereby verify that I am 18 years or older and I understand that I will be fully responsible for the terms of the rental contract.

In the event the application is approved and I desire to rent the premises, I agree to read and sign the rental agreement.

I hereby authorize The Dwelling Place Property Management, his agent or staff to contact any persons, corporations, employers, agencies, offices, groups or organizations to obtain information, credit report or material which is deemed necessary to verify the information and statements in the application.

Co-signer Signature_____

Date _____