

# GRECO Rentals

1001 E. University Suite G Las Cruces N.M 88001  
(575) 522-5818 Fax (575) 522-3103

## Co-signer's Application

Please help us process this application by clearly completing all of the required information. The information provided will be kept confidential and will only be used for the approval phase of the submitted rental application. Note: \*If not filled out in office, this form must be notarized to be validated, must provide valid ID. \*\*

Rental application being submitted by: \_\_\_\_\_

For apartment address: \_\_\_\_\_ Apt #: \_\_\_\_\_

### Name and information for the above applicant

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Work #: \_\_\_\_\_

Social security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of birth: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Salary (take home) \$: \_\_\_\_\_ Per: \_\_\_\_\_

If married, the following information must be provided, if information is the same as above, indicate "same"

Spouse's name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Social security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of birth: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Salary (take home) \$: \_\_\_\_\_ Per: \_\_\_\_\_

I the above co-signer acknowledge that the submitted information is true and complete and hereby authorizes verification of such information. False information submitted shall be grounds for GRECO'S rejection of this application. Co-Signer also authorizes GRECO Rentals to do a credit check and to use any other necessary agency to verify and approve this application.

### CO-Signer Acceptance of liability

I the undersigned agree to act as a co-signer to guarantee the monthly rental payments for the above resident. If he/she should default or fail to pay the rent as due, I will guarantee payment of all due rents and payment for any damages caused by the above tenant. I also agree to have this "Acceptance of liability" in effect for future lease renewals for this tenant. This guarantee shall remain in effect until I notify GRECO in writing at least 45 days prior to the expiration of the current lease that I will not guarantee any future lease and or renewals.

\_\_\_\_\_  
Co-Signer Signature      Date

\_\_\_\_\_  
Spouse's Signature      Date

The foregoing instrument was acknowledged before me on this \_\_\_\_\_ of \_\_\_\_\_, 20\_\_\_\_.

My Commission Expires: \_\_\_\_\_

Notary Seal here: \_\_\_\_\_

Notary Public \_\_\_\_\_