

Lakeway Realty
3547 Lakeway Drive, Bellingham, WA 98229
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CO-SIGNER AGREEMENT

RENTAL ADDRESS _____

LIST OF ALL TENANT(S) NAMES _____

LEASE TERM _____ THROUGH _____

TOTAL MONTHLY RENTAL AMOUNT \$ _____

As a co-signer for the above named Tenants, I acknowledge and agree to the following: I have no intentions of occupying the residence referred to above. I acknowledge that I will unconditionally guarantee payment of rent of the above-referenced rental address. I am bound by the terms and conditions of the Lease. I understand that the above-Tenants are responsible for providing me with a copy of the signed Lease. If the Tenants default in the payment of any installment of rent or in any other obligation under the Lease, or fail to comply with the terms of the Lease in any way, I shall upon demand pay, the amount of rent due, the amount of damage and/or cleaning expense incurred to restore the Premises to the condition it was when originally rented to the above-Tenants, less normal wear and tear, and/or pay the amount of income lost due to the break of the Lease or other failure to comply with the terms of the Lease. I am jointly and severally liable for any outstanding monies for the above rental address for the term of the Lease and any extensions to that Lease. The liability hereunder shall not be affected by reason of any extension of time for payment of any installment granted by the Landlord to the Tenant(s). This co-signer agreement is deemed to have been made in Whatcom County, Washington. The right of the parties hereto shall be governed by and construed in accordance with the laws of the state of Washington and the parties agree that any such action shall lay exclusively in Whatcom County, Washington regardless of the county of which the parties reside.

I authorize you to contact law enforcement agencies and other references that may be requested. In addition, I authorize you to contact credit agencies to verify any credit with the use of my social security number. I hereby declare under penalty of perjury under the laws of the state of Washington that the information contained herein is true and correct. I understand that more information may be required to obtain co-signer qualifications.

CO-SIGNER _____

ADDRESS _____

HOME PHONE _____ WORK PHONE _____

DATE OF BIRTH _____ SOCIAL SECURITY _____

EMAIL ADDRESS _____ HOUSEHOLD MONTHLY INCOME _____

SOURCE OF INCOME _____ EMPLOYER NAME AND INFO _____

RELATIONSHIP TO TENANT(S) _____

SIGNED _____ DATE _____