

**CO-SIGNER INFORMATION FORM**

PLEASE RETURN BY FAX TO 781 3691102 or  
Email [estiaproperties@yahoo.com](mailto:estiaproperties@yahoo.com)

FOR THE APARTMENT LOCATED AT: \_\_\_\_\_

CO-SIGNER FOR: \_\_\_\_\_

NAME OF COSIGNER: \_\_\_\_\_

CO-SIGNERS SOCIAL SECURITY # \_\_\_\_\_

CO-SIGNERS BIRTH DATE \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP CODE

PHONE (home): (work);

CURRENT EMPLOYER:

ADDRESS: PHONE:

POSITION: SALARY \_\_\_\_\_

LENGTH OF EMPLOYMENT:

SPOUSAL OR OTHER INCOME: \_\_\_\_\_

I GIVE PERMISSION TO RUN A CREDIT CHECK ON MY FINANCIAL HISTORY.

\_\_\_\_\_  
NAME (PRINTED)

\_\_\_\_\_  
SIGNATURE AND DATE