334 E. Center St. Provo, UT 84606
Phone 801.607.1680
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CO-SIGNER APPLICATION

INCOMPLETE FORMS WILL NOT BE CONSIDERED
APLICACIONES INCOMPLETAS NO SERAN ACEPTADAS
Nosotros no hablamos espanol. Necesitamos la comunicacion con todas las personas en la application. ARM no sera responsible si no entiende los detalles de su contracto, por favor, haga que alguien se lo traduzca.

Date_____

Person you are co-signing for_____

Your Name_____Phone_____ Cell_____

Email Address:_____

Social Security #_____ DOB_____Driver's License_____

Present Address_____ City_____State_____Zip_____

Your employer_____ Position_____ Salary_____

How long have you been employed there? _____

Employer's Phone_____ Cell _____

DISCLOSURE: ** ANY Intentionally or knowingly false information will be sufficient cause for IMMEDIATE rejection of application**

I/We declare the foregoing information is true and correct, and I/we hereby authorize ARM to conduct an employment and credit check, to verify our references, rental landlords, and any other pertinent information.

I understand that as co-signer for_____, I will be required to co-sign the contract. I understand that I will be responsible for any rent, utilities, cleaning, or other contractual requirements not fulfilled by the person for whom I am co-signing.

_____ _____
Co-Applicant's Signature Date

FOR OFFICE USE ONLY – DO NOT WRITE BELOW

Co-applicant's employment_____ verified_____
By whom? _____ Income verified_____
Credit Verified_____ Rental History verified_____
ARM – HAD – 01/15