

GRECO PROPERTY MANAGEMENT

RESIDENTIAL

COMMERCIAL

2983 Holmgren Way Suite. 1 Green Bay, WI 54304

Fax 1-920-983-6147

Office 1-920-983-6145

Co-Signer Application

APARTMENT ADDRESS (INTERESTED IN) _____ UNIT # _____ MOVE IN DATE ____/____/____
All requested information on this application must be completed or you may be denied. You will be denied if you misrepresent any information on this application. If misrepresentations are found after a rental agreement is signed, your rental agreement will be terminated.

Co-Signer's Name (Please print): First _____ Middle _____ Last _____

Phone (Home) ____-____-____ (Work) ____-____-____ (Cell) ____-____-____

Email Address _____ Date of Birth ____/____/____ Sec. No. ____-____-____

- CURRENT ADDRESS: _____ CITY: _____ STATE: _____ ZIP _____
CURRENT LANDLORD _____ PHONE _____ - _____ HOW LONG? ____ YRS.
- PREVIOUS ADDRESS: _____ CITY: _____ STATE: _____ ZIP _____
PREVIOUS LANDLORD _____ PHONE _____ - _____ HOW LONG? ____ YRS.

1.	EMPLOYER _____	START DATE _____	MO. _____	YR _____	PHONE _____ - _____
	ADDRESS _____				POSITION HELD _____
	MONTHLY INCOME _____	SUPERVISOR _____			

WITH THIS APPLICATION/INFORMATION, I AM PAYING THIS EARNEST MONEY DOWN ON THE APARTMENT MENTIONED ABOVE. I ACCEPT THAT, AFTER THIS APPLICATION HAS BEEN APPROVED, IF I CHANGE MY MIND ABOUT THIS RENTAL, MY DOWNPAYMENT WILL FIRST BE USED TO COVER THE RENTAL COST OF THIS PARTICULAR APARTMENT AND THE LOST RENT, IF ANY, DUE TO MY CANCELLATION. THIS APPLIES WHETHER I CANCEL IN AN HOUR, A DAY, A WEEK, OR ANY TIME SPAN AFTER THIS APPLICATION HAS BEEN APPROVED. IF GRECO PROPERTY MANAGEMENT REJECTS THIS APPLICATION FOR ANY REASON, MY DEPOSIT WILL BE REFUNDED IN FULL. I HEREBY CERTIFY THAT THE INFORMATION IN THE RENTAL APPLICATION IS CORRECT. I HEREBY AUTHORIZE YOU OR YOUR AGENT TO INVESTIGATE THE DATA FURNISHED BY ME.

The applicant understands that no statements by employees of Greco Property Management either orally or in writing regarding the negotiation of lease terms shall be binding upon Greco Property Management unless contained in a written and executed lease signed by both Lessor and Lessee.

SIGNED: _____ DATE: ____/____/____
Applicant allows Greco Property Management to do a thorough credit check. Please see lease on the back of this application.

Please tell us how you heard of us. ___ Advertisement ___ Referral ___ Drove by ___ Sign ___ Other
If a current tenant of ours referred you, please list their name here _____

Greco Property Management conducts business in accordance with all federal, state and local fair housing laws. It is the policy of Greco to provide housing to all persons regardless of race, national origin, color, religion, sex, disability, ancestry, age, lawful source of income, marital status, family status or sexual orientation.

FOR OFFICE USE ONLY:
Accepted _____ Denied _____ Accept with cosigner _____ Rent Amount \$ _____ Lease term _____
Sec. Dep. Paid \$ _____ Free rent _____ Free remote _____ Garage # _____ # of BR's _____ Sq. Ft. _____