First Meridian Management

440-345-6366
FirstMeridianMgmt@gmail.com

Co-Signer Agreement and Application

Co-signing for: _____ Relationship to applicant _____

This Agreement is an addendum to the Rental Agreement between _____,
hereinafter referred to as Landlord and _____
for the premises known as: _____
hereinafter referred to as co-signer.

Apt#_____City _____ State of _Ohio__

Monthly Rent of: _____.

I/We agree to be financially responsible for the monthly rent stated above and any and all other charges due under the written rental agreement referred to hereinabove and agree that this agreement shall remain in full force during the entire term of the rental agreement and any renewals or extensions thereof and thereafter until all charges have be paid in full. This agreement may terminate only upon the occurrence of one of the two following events:
A) Termination of the underlying rental agreement coupled with surrender of possession of the premises by the tenants, and all of them, or: B) By written assent to termination by the landlord.
Nothing in this agreement shall be construed to give the co-signer, or any of them, any right to possession of the premises described in the rental agreement, or any voice in the management of the property, collection of rent, etc. No modification of the terms of the underlying rental agreement shall operate to discharge co-signer from their obligations under this agreement.
If any civil action is brought pursuant to this agreement, the prevailing party shall be entitled to recover reasonable attorney fees in addition to costs.

Co-signer information:

Last Name: _____ First Name: _____ Middle Name: _____
Drivers License #: _____ Social Security Number: _____ Birth Date ____/____/___
Address _____ City _____ St ____ Zip: _____
Business Address: _____ City: _____ St.: _____ Zip: _____
Length of Employment: _____ Position: _____ Income (monthly): _____
Home Phone Cell: _____ Work Phone: _____

SOME PROOF OF IDENTITY IS REQUIRED. PLEASE PROVIDE A COPY OF YOUR DRIVERS LICENSE
In signing this application, I certify that the above information is correct and complete and I authorize First Meridian Management LLC to make the inquiries necessary to process and verify above information.

Co-Signer Signature: Date:

_____ ____/____/___

First Meridian Managment Agent: Date:

_____ ____/____/___