

**Co-Signer/Guarantor Application****Mullins Apartments**

401 N. Carroll St., Madison, WI 53703  
 Phone: (608) 257-2127 • Fax: (608) 285-8085  
 www.info@mullinsapartments.com

**Unit Information You Are Co-Signing/ Guarantying**

Property Address:		Apt. No.	Rent: \$
Lease Terms: From:	To:	Security Deposit: \$	Remarks:

**Co-Signer/Guarantor's Personal Information**

First Name:	Middle Initial:	Last Name:
Phone: ( ) -	Date of Birth: / /	Email Address:
Driver License No.:	Social Security Number (optional): - -	
In case of emergency contact:		Relationship:
City:		State:
Zip:	Street Address:	
Phone: ( ) -		

**Housing/Rental Information**

Present Address:		Date:
Monthly Rent/Mortgage: \$	Present Landlord or Owner of Property:	Landlord Phone: ( ) -
If less than one year, previous address:		Date:
Monthly Rent/Mortgage: \$	Previous Landlord or Owner of Property:	Landlord Phone: ( ) -
Have you ever been evicted or been served an eviction notice? <input type="checkbox"/> Yes <input type="checkbox"/> No		

**Employment Information**

Employed by:	Date:	Phone: ( ) -
Position:	Supervisor:	Monthly Pay: \$
Spouse Employed By:	Date:	Phone: ( ) -
Position:	Supervisor:	Monthly Pay: \$

**Credit References (credit cards, loans, etc.)****Other Sources of Income**

1.	Source:	Amount: \$
2.	Source:	Amount: \$
3.	Total Monthly Income: \$	

**List Resident(s) to Occupy Apartment That You Know**

Name of Person on Lease You Know:	Age:	E-Mail:	Relationship:	Phone: ( ) -
Name of Person on Lease You Know:	Age:	E-Mail:	Relationship:	Phone: ( ) -

I give Mullins Apartments permission to receive housing information from present and past landlords

TO THE BEST OF MY KNOWLEDGE, ALL OF THE ABOVE INFORMATION IS TRUE AND COMPLETE.

Signature of Guarantor:	Date:
Print Name of Guarantor:	

THIS APPLICATION IS NOT A RENTAL AGREEMENT, CONTRACT OR LEASE. ALL APPLICATIONS ARE SUBJECT TO APPROVAL OF OWNER OR MANAGING AGENT.