

# CO-Signer Agreement

Landlord: \_\_\_\_\_

*Name of apartment community*

Address: \_\_\_\_\_ Apartment No. \_\_\_\_\_

Tenant(s): \_\_\_\_\_

*As listed on the lease agreement*

Lease agreement contract dates: \_\_\_\_\_ to \_\_\_\_\_

The undersigned hereby co-signs as unconditional guarantor(s) for financial obligations of the tenant(s) for the above referenced tenancy. A copy of the applicable lease/rental agreement is attached to this agreement and incorporated herein by this reference.

As co-signer for the above named tenant(s), I acknowledge that I am aware of the fact that I unconditionally guarantee payment of the rental on the above unit, and that I am also bound by the terms and conditions of the rental agreement as if I were the tenant signing such agreement. If there is a default in payment of any financial obligations relative to this tenancy including reimbursement of unpaid rents, fees, damages, deposits, or any other financial default, I shall assume responsibility for payment of the same. This unconditional guaranty shall extend and apply to all financial obligations incurred during the course of the entire tenancy and shall continue through any extended periodic tenancy arising after expiration of any stated lease term date. I hereby waive the right to demand for payment and agree that Notice and/or demand served upon the above named tenant(s) or at the leasehold premises shall constitute proper Notice to the undersigned. I also understand that I have no rights of occupancy or any other rights to possess the leasehold premises listed above.

The undersigned individually and on the behalf of the undersigned's marital community hereby assumes and guarantees payment of all tenant financial obligations for the above referenced tenancy during tenants' entire period of occupancy irrespective of the lease term.

I hereby declare under penalty of perjury under the laws of the State of Washington, that the above is true and correct. By my signature below I also acknowledge receipt of the lease/rental agreement.

Dated and signed at \_\_\_\_\_, Washington on: \_\_\_\_\_

*City*

*Month – day – year*

\_\_\_\_\_  
Co-Signer Name – Please Print

\_\_\_\_\_  
Co-Signer Spouse Name – Please Print

\_\_\_\_\_  
*Co-Signer Signature*

\_\_\_\_\_  
*Co-Signer Spouse Signature*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*Co-Signer date of birth*

\_\_\_\_\_  
*Social Security Number*

\_\_\_\_\_  
*Co-Signer date of birth*

\_\_\_\_\_  
*Social Security Number*

\_\_\_\_\_  
*Co-Signer phone number – day and evening*

\_\_\_\_\_  
*Co-Signer phone number – day and evening*

*Driver's license(s) has/have been copied*

STATE of WASHINGTON )

County of \_\_\_\_\_ )

I certify that I know or have satisfactory evidence that \_\_\_\_\_ is the person(s) who appeared before me, and said person(s) acknowledged that (s)he signed this instrument and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in the instrument.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
NAME:

Notary Public in and for the State of \_\_\_\_\_,

Residing at \_\_\_\_\_, \_\_\_\_\_ county.

My commission expires: \_\_\_\_\_