

# Co-Signer Information

**Richard & Lynn Legner \* 19758 Nottingham Dr. \* Downs, IL 61736**  
**Cell (309) 830-5073, Home/Fax (309) 378-4589**

## **Personal Information:**

Co-Signer(s) Name: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Home Ph: \_\_\_\_\_  
Cell Ph: \_\_\_\_\_  
Work Ph: \_\_\_\_\_

## **Resident Information:**

Present Address: \_\_\_\_\_  
\_\_\_\_\_

Time at Present Address: \_\_\_\_\_ Yrs/Mo.

## **Employment History**

Current Employer: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
How Long: \_\_\_\_\_ Yrs./Mo. Position: \_\_\_\_\_ Monthly Income: \$ \_\_\_\_\_

Previous Employer: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
How Long: \_\_\_\_\_ Yrs./Mo. From: \_\_\_\_\_ To: \_\_\_\_\_

## **Certification/Authorization:**

I certify that the information provided on this form is true and correct as of the date set forth opposite my signature below and acknowledge my understanding that any intentional or negligent misrepresentation(s) of the information contained on this form may result in civil liability and/or criminal penalties. I agree to co-sign the lease along with the applicant and provide financial assistance at anytime should said applicant be unable to pay their rent. Also, my signature below authorizes Richard and Lynn Legner to conduct an employment status inquiry with my current and previous employers.

\_\_\_\_\_  
Co-Signer's Signature

\_\_\_\_\_  
Date