



# APPLICATION FOR CO-SIGNER

Peters Rentals \* 1620 S. Hastings Way, Eau Claire, WI 54701 \* (715) 831-2106  
Fax: (715) 831-2107 \* E-Mail: info@petersrentals.net

**ADDENDUM TO APARTMENT LEASE**, between **PETERS RENTALS**, hereinafter referred to as

**LESSOR**, and \_\_\_\_\_ hereinafter referred to as **LESSEE(S)** for the property

located at \_\_\_\_\_ # \_\_\_\_\_, \_\_\_\_\_, WI.

The term of which shall be from \_\_\_\_\_ to \_\_\_\_\_.

For a gross monthly rent of \$ \_\_\_\_\_ Utility Escrow \$ \_\_\_\_\_ Other \$ \_\_\_\_\_ TOTAL \$ \_\_\_\_\_

In the event the above-named Lessee(s) shall default on rental payments or in any way default on this lease, the undersigned shall guarantee in full, monthly payments until such time that the apartment is re-rented, Lessee(s) resume rental payments or the lease terminates whichever occurs first.

**Per lease agreement: In consideration of Landlord's agreement to lease the Premises, undersigned guarantee(s) payment of all amounts due and the performance of all Tenant's covenants under this Agreement and any extensions, renewal or modification hereof. This guarantee is irrevocable.**

Non-performance, violations of the lease and/or rules and regulations shall be deemed sufficient cause for termination in addition to non-payment of rent.

## LESSOR: PETERS RENTALS

\_\_\_\_\_  
Agent/ Landlord

Dated this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Please do not leave any part in blank. All information is needed and strictly confidential.

**I (We), the undersigned, have read the above and agree to the same.** (PLEASE PRINT AND SIGN AT THE BOTTOM)

Co-Signer's Full Name \_\_\_\_\_ Co-Signer's SS# \_\_\_\_\_  
FIRST MIDDLE LAST

Address \_\_\_\_\_  
CITY STATE ZIP CODE

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-Mail \_\_\_\_\_ Relationship to Lessee(s) \_\_\_\_\_

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