



Woodruff Property Management Company
Guarantor Application

Name of Cosigner _____ Phone number(_____)_____

Address: _____
(Street Address) (City) (State) (Zip Code)

E-mail Address: _____

Social Security Number: _____ Date of Birth: _____

Driver's License Number: _____

Employer: _____ Employer Phone (____)_____

Employer Address: _____
(Street Address) (City) (State) (Zip Code)

Income: \$_____ Attach a copy of pay stub/advice or W-2

I HAVE READ AND FULLY UNDERSTAND THE TERMS AND CONDITIONS SET FORTH IN THIS APPLICATION. I UNDERSTAND THAT THIS APPLICATION IS PART OF THE LEASE WITH WOODRUFF PROPERTY MANAGEMENT COMPANY "MANAGEMENT". I HEREBY AUTHORIZE MANAGEMENT TO MAKE ANY INVESTIGATION AS TO THE INFORMATION CONTAINED IN THIS APPLICATION AND USE SUCH INVESTIGATION AS A BASIS TO DETERMINE WHETHER THIS APPLICATION SHALL BE APPROVED OR DISAPPROVED. I UNDERSTAND THAT THIS INVESTIGATION MAY INCLUDE, BUT NOT BE LIMITED TO, A CREDIT REPORT, VERIFICATION OF EMPLOYMENT, AND CRIMINAL RECORDS. I, THEREFORE, CONSENT TO THIS INVESTIGATION, AND I WARRANT AND CERTIFY THAT ALL STATED FACTS ARE TRUE, CORRECT AND COMPLETE, AND I UNDERSTAND THAT ANY MISREPRESENTATION, NOT TRUE STATEMENT OF FACT OR OMISSION MAY BE CAUSE FOR MANAGEMENT TO REJECT THIS APPLICATION AND/OR TERMINATE THE LEASE. I UNDERSTAND THAT I HAVE THE RIGHT TO MAKE A WRITTEN REQUEST WITHIN A REASONABLE PERIOD OF TIME FOR A COMPLETE AND ACCURATE DISCLOSURE OF ADDITIONAL INFORMATION CONCERNING THE NATURE AND SCOPE OF THE INVESTIGATION.

Signature of Cosigner: _____ Date: _____

