



Apartment Tenant Screening of America, Inc.

#932 First Capitol Dr St. Charles. MO 63301

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LANDLORD ID # _____

LANDLORD NAME _____

PHONE # _____

RENTAL AMT _____

NAME OF APPLICANT YOU ARE SIGNING FOR _____

RELATIONSHIP _____

CO-SIGNER FULL NAME _____

SS# _____ DATE OF BIRTH _____

ADDRESS: _____

CITY _____ STATE _____ PHONE# _____

CO-SIGNER SPOUSE _____

SS# _____ DATE OF BIRTH _____

EMPLOYER _____ PH# _____

EMPLOYER _____ PH# _____

The Criteria for a Co Signer is to have Excellent Credit History and 50% available credit. Each co-signer must provide a previous tax statement and 2 recent payroll stubs. Provide a portfolio if necessary to verify income. Provide proper I.D. to the Landlord and/or Apartment Tenant Screening of America, Inc.

APPLICATION CANNOT BE RUN IF THE FOLLOWING PAPERWORK DOES NOT ACCOMPANY IT

You are being asked to guarantee this debt. Think carefully before you do. If the borrower doesn't pay the debt, it will be your obligation. Be sure you are able to handle this responsibility. You may have to pay late fees, collections costs, Attorney fees along with paying out the remainder of a rental lease. The creditor can collect this debt from you without first trying to collect from the borrower, such as suing you, garnishing your wages, etc. If this debt goes into default, that fact may become a part of your credit record.

In signing off on this Application you are giving ATS permission to run a credit report on you and do a background verification of Income and Employment or Source of Income.

SIGNATURE _____ SIGNATURE _____

DATE OF SIGNATURES _____

LANDLORD SIGNATURE _____ DATE _____