

NAME APPLICANT YOU ARE CO-SIGNING FOR _____
RELATIONSHIP _____

APARTMENT TENANT SCREENING OF AMERICA INC..
932 FIRST CAPITAL DRIVE, ST. CHARLES, MO., 63301
Ph: 636-946-9200 Fax: 636-946-5400

LANDLORD I.D.# _____ LANDLORD NAME _____
PHONE _____ DATE _____ RENTAL AMOUNT _____

CO-SIGNER APPLICANT _____

SS# _____ DOB _____

CO-SIGNER SPOUSE _____

SS# _____ DOB _____

ADDRESS _____ ZIP _____

CITY _____ STATE _____ PHONE# _____

EMPLOYER _____

POSITION _____ PH# _____

EMPLOYER _____

POSITION _____ PH# _____

The Criteria for a Co Signer is to have Excellent Credit History. To afford the debt if it goes into default.

Application can not be run if the following paperwork does not accompany it.

Provide a previous year tax statement and-or (W-2) and/or submit (2) most recent pay stubs from job. If self employed less than (2) years more may be ask of you. Submit with Application. You are being asked to guarantee this debt. Think carefully before you do.

Signature _____ Signature _____
Date _____ Date _____

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 history.