

Arbor Green Apartments

3836 Arbor Green Lane

Indianapolis, IN 46220

(317) 251-0843

(317) 251-3292 Fax

Co-Signer Application

Name: _____

Address: _____

Home Telephone: _____

Housing Cost per month: _____

Date of Birth: _____

Social Security Number: _____

Relationship to Leasee: _____

Employer: _____

Address: _____

Business Telephone: _____

Cell phone or pager _____

Yearly Income: _____

I hereby declare the information provided in the co-signer application is true, correct and complete to the best of my knowledge. Furthermore, I hereby authorize the holder of the consent agreement to obtain credit or other investigative reports.

Applicant Date

Applicant Date

Arbor Green Agent Date

