



# Hammer Properties NW

Property Management

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www.bellinghamhousing.com

## COSIGNER AGREEMENT

\$25 Fee

Rental Address \_\_\_\_\_ Apartment # \_\_\_\_\_

Tenant Name: \_\_\_\_\_

Full Monthly Rent \$ \_\_\_\_\_ Lease Term Begins: \_\_\_\_\_ Expires: \_\_\_\_\_

Relationship to Tenant(s) \_\_\_\_\_

**Statement of Guaranty:** I have no intentions in occupying the unit referred to above. However, as a cosigner for the above named tenant(s), I acknowledge that I will unconditionally guarantee payment of rent under the Lease Agreement for the rental unit referenced above and know that I am bound by the terms and conditions of the Lease. If the tenant(s) default in the payment of any installment of rent or other Lease provision, or failure to comply with the terms of the Lease in any way, Guarantor shall pay upon demand, the amount of rent due, the amount of damage and/or cleaning expense incurred to restore the rental unit to the condition in which it was originally rented to the above tenant(s), less normal wear and tear, and/or pay the amount of income lost due to the break of the Lease or other failure to comply with the terms of the Lease Agreement. Washington State Law states that each signer on a Lease is equally and separately liable for the entire rent during the term of the Lease. The Guarantor's liability hereunder shall not be affected by reason of any extension of time for payment of any installment granted by the Landlord to the Tenant(s).

**Duration:** This guarantee shall not be revoked during the term of the Lease, even if tenancy is extended and/or changed in its terms.

Delivery of a facsimile or other copy of this Agreement has the same effect as delivery of an original.

**Print Name** \_\_\_\_\_ **Social Security #** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

\_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Employer Name & Contact Info:** \_\_\_\_\_

I authorize you to contact credit agencies to verify any credit with the use of my social security number. I hereby declare under penalty of perjury under the laws of the State of Washington that the information contained herein is true and correct.

\_\_\_\_\_  
Cosigner Signature

\_\_\_\_\_  
Date