

**QuatroVest, Inc.**  
**Cosigner Rental Application**

PO Box 40070  
Tucson, AZ 85717  
Phone: 520-747-9331  
Fax: 520-747-7336  
www.quatrovest.com

**Unit Size:** 5 Bdrm, 2 Bath\_\_\_\_, 4 Bdrm 3 Bath\_\_\_\_, 3 Bdrm, 3 Bath\_\_\_\_, 3 Bdrm 2 Bath\_\_\_\_, 2 Bdrm, 2 Bath\_\_\_\_  
**Location:** SahuaroPoint\_\_\_\_, Stonewood\_\_\_\_, Glennstar\_\_\_\_, 4<sup>th</sup> Ave\_\_\_\_, 6<sup>th</sup> Ave\_\_\_\_

**Personal Information** ( All Lines must be completed if no middle put "none"):

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_  
Social Security Number \_\_\_\_\_ Birth Date \_\_\_\_\_ Sex \_\_\_\_\_ Marital Status \_\_\_\_\_  
Driver's License # \_\_\_\_\_ State \_\_\_\_\_ Expiration \_\_\_\_\_  
Current Phone Number \_\_\_\_\_ Best Time(s) to Call \_\_\_\_\_  
Email Address \_\_\_\_\_  
Resident You Are Cosigning For \_\_\_\_\_

**Residence History** (Complete, if in current residence for less than 2 yrs please fill-in previous residence):

Current Street Add. \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Complex Name \_\_\_\_\_ Apt. No \_\_\_\_\_ Move-In Date \_\_\_\_\_  
Current Rent \_\_\_\_\_ Property Owner/Mgr \_\_\_\_\_ Phone \_\_\_\_\_  
  
Prev. Street Add. . \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Complex Name \_\_\_\_\_ Apt. No. \_\_\_\_\_ From-To \_\_\_\_\_  
Rent \_\_\_\_\_ Property Owner/Mgr \_\_\_\_\_ Phone \_\_\_\_\_

**Employment History**

Current Employer \_\_\_\_\_ How Long \_\_\_\_\_ Kind of Work \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Supervisor's Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Monthly Income \_\_\_\_\_  
Other Income \_\_\_\_\_

**Spouse Personal Information** (All Lines must be completed if no middle put "none"):

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_  
Social Security Number \_\_\_\_\_ Birth Date \_\_\_\_\_ Sex \_\_\_\_\_ Marital Status \_\_\_\_\_  
Driver's License # \_\_\_\_\_ State \_\_\_\_\_ Expiration \_\_\_\_\_  
Current Phone Number \_\_\_\_\_ Best Time(s) to Call \_\_\_\_\_  
Email Address \_\_\_\_\_  
Resident You Are Cosigning For \_\_\_\_\_

**Spouse Employment History**

Current Employer \_\_\_\_\_ How Long \_\_\_\_\_ Kind of Work \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Supervisor's Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Monthly Income \_\_\_\_\_  
Other Income \_\_\_\_\_

**General Information**

Have you ever: Been evicted? \_\_\_\_\_ Broken a rental agreement? \_\_\_\_\_ Declared bankruptcy & Date? \_\_\_\_\_  
Have you ever been convicted of a felony? \_\_\_\_\_  
Have you ever been sued for nonpayment of rent or damages to rental property? \_\_\_\_\_

**Receipt**

Application Fee ( A non-refundable application fee is required for each prospective resident )

Deposit to Hold ( A deposit to hold is required at time of application. This deposit amount will be applied to the first month's rent and is only refundable in the case of denial of application. It is forfeited in the event that the applicant(s) fail to move-in or fail to execute all rental paperwork within two weeks from the date of this application.)

Cleaning/Redecorating Fee ( If charged any cleaning/redecorating fee is totally

\$ _____
\$ _____
\$ _____
_____
\$ _____
Total Due

**Correct Information**

The undersigned person represents that all the above requirements are true and complete, and hereby authorize verification of such information via credit report, rental history reports, and other means. Failure to answer any of the above inquiries shall entitle the owner to reject this application. False information given above shall entitle the owner to (1) reject this application, (2) retain the application fee(s), and (3) terminate resident's right to occupancy. In any lawsuit relating to this application, application agreement or rights under statute or government regulations, the prevailing party is entitled to recover attorney's fees and all other costs of litigation from the non-prevailing party.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number