



Eligibility for Co-Signer

Applicants may a choose to utilize a co-signer.

Co-signer Qualifying Standards

1. One year of residential history.
2. One year of employment history.
3. Income at least three times the amount of the rent on desired apartment.

Occupancy Standards: No more than two people in a one bedroom, three people in a two bedroom, and four people in a three bedroom.

Addendum to Application:

1. Are you a current illegal abuser or addict of a controlled substance? _____
2. Have you ever been convicted of the illegal manufacture or distribution of a controlled substance? _____
3. Have you been convicted of a felony? _____

I understand and accept the qualifying standards and have truthfully answered all questions.

Prospective Resident _____ Date: _____

Prospective Resident _____ Date: _____

Prospective Resident _____ Date: _____

Agent for Owner _____ Date: _____

1025 Adams Circle, Boulder CO 80303

Phone: 303-413-1227

Fax: 303-413-1307





WEST POINT PROPERTIES

Application Address: _____

Applicant Name: _____

CO-SIGNER INFORMATION

Name: _____

Employer: _____

Address: _____

Business Address: _____

Length of Occupancy: _____

Length of Employment: _____

Residential Phone: _____

Business Phone: _____

Mortgage/Landlord: _____

Supervisor: _____

Date of Birth: _____

Salary: _____

Drivers License #: _____

Position Held: _____

Bank Name and Address: _____

Prior Employer/Phone: _____

Prior Position Held: _____

In the event of an emergency, contact: _____

THIS FORM MUST BE NOTARIZED FROM HERE ON

I, _____ AGREE TO BE HELD RESPONSIBLE FOR RENTAL PAYMENT FOR _____ WHO IS _____ (RELATIONSHIP) WHILE HE/SHE IS RESIDING AT _____ IN BOULDER, COLORADO. IN THE EVENT THAT HE/SHE DOES NOT MAKE THE RENTAL PAYMENTS, I WILL IMMEDIATELY SUBMIT PAYMENT. I UNDERSTAND THAT RENT IS DUE ON THE 1ST OF THE MONTH, LATE ON THE 2ND, AND DELINQUENT AFTER 5:00PM ON THE 3RD OF THE MONTH. I ALSO AGREE TO PAY FOR ANY DAMAGE AND/OR REPAIR COST CAUSED BY _____, IN EXCESS OF THE SECURITY DEPOSIT.

SIGNATURE (CO-SIGNER)

DATE

SUBSCRIBED AND SWORN TO ME BEFORE THIS _____ DAY OF _____, 20____.

MY COMMISSION EXPIRES _____

STATE OF _____

COUNTY OF _____

SIGNATURE OF NOTARY PUBLIC

NOTARY SEAL:

1025 Adams Circle, Boulder CO 80303

Phone: 303-413-1227

Fax: 303-413-1307

