

LTS Co-Signer Application

Phone: 618-692-6966

Fax: 618-692-6988

Web: www.LTservices.us

Landlord:	Landlord ID:	Phone:
-----------	--------------	--------

Who Are You Co-Signing For?

Relationship:

Co-Signer Information:

Name:	Maiden Name:
Last First Middle	

SSN:	DOB:	Drivers Lic #:
------	------	----------------

Cell Number:	Home Number:
--------------	--------------

Address:

Street:	Apt #:
---------	--------

City:	State:	Zip:
-------	--------	------

Own: <input type="checkbox"/> Rent: <input type="checkbox"/> Family: <input type="checkbox"/>	How Long:	Rental \$:
---	-----------	------------

Landlord Name:	Landlord Ph:
----------------	--------------

Employment Information: Fax in verification of income with application please.

Employer:	Address:
-----------	----------

Position:	How Long:	Hire Date:
-----------	-----------	------------

Hourly Rate:	Annual: \$	FT <input type="checkbox"/> PT <input type="checkbox"/>
--------------	------------	---

Supervisor:	Phone:
-------------	--------

Spouse:

Name:	Maiden Name:
Last First Middle	

SSN:	DOB:	Drivers Lic #:
------	------	----------------

Cell Number:	Home Number:
--------------	--------------

Employment Information:

Employer:	Address:
-----------	----------

Position:	How Long:	Hire Date:
-----------	-----------	------------

Hourly Rate:	Annual: \$	FT <input type="checkbox"/> PT <input type="checkbox"/>
--------------	------------	---

Supervisor:	Phone:
-------------	--------

CREDIT CARD INFORMATION: \$30 Processing Fee (We only accept Visa or Mastercard)Do you give LTS permission to process your credit card for payment? Yes No Initial:

Name of Card Holder:	Expiration Date:
----------------------	------------------

Card Number:	Zip Code (billing statement):
--------------	-------------------------------

Please understand that as a co-signer you are legally responsible for any debts or damages that the applicant may incur. This can and will become part of your credit rating if the debt is not satisfied within the outlined time limits. By signing this application, you are giving your consent for LTS and any subsidiaries to perform a credit check, criminal check and verify your source of income. Failure to cooperate with requests will result in the denial of this application.

SIGNATURES:

Print Name:	Signature:
-------------	------------

Spouse Print Name:	Spouse Signature:
--------------------	-------------------