

SAMPLE Co-Signer Form

«Primary_First_Name» «Primary_Last_Name» has signed a Lease with **My House Property Services** (the "Landlord") for the following address: «Unit_Address», «Unit_City», Colorado «Unit_Zip». The Lease term for the described Property shall be from «Lease_Start_Date» through «Lease_End_Date» and all subsequent renewals.

For good and valuable consideration, the receipt and sufficiency which is hereby acknowledged, and to induce My House Property Services, Inc. to lease this property, the undersigned Co-Signer hereby absolutely and unconditionally guarantees to Landlord the full and prompt payment, when due, whether at maturity or earlier, by reason of acceleration or otherwise, all of the debts, liabilities and obligations of the Tenant that are currently accrued or may accrue in the future pursuant to the existing lease between the tenant and My House Property Services, Inc.

The liability of the Co-Signer shall not be limited in any way to anything less than full payment, which would be due and owing from Tenant based upon any breach or other liability incurred pursuant to the Lease, including but not limited to defense of My House Property from any claims brought by or asserted by any governmental entity therein.

It is further understood and agreed between the parties that should any legal action be necessary to enforce this Guarantee, the jurisdiction and venue for such action shall be in the State of Colorado, County of Larimer and that the Co-Signer hereby waives any right to bring this action in any other jurisdiction or any other venue other than as stated above. The Co-Signer shall also be liable for reasonable attorneys' fees, costs, and interest as provided for in the General Provisions section of the Lease.

The Co-Signer further understands that their credit may be checked at the full discretion of the landlord in order to satisfy the landlord's acceptance of the lease agreement between the parties.

Co-Signer Name: _____ Relationship to Tenant: _____
(Please Print)

Co-Signer Social Security # XXXX-XX- _____ Driver's License: _____

Date of Birth: _____ Co-Signer email: _____

Co-Signer Address: Street: _____

City: _____ State: _____ Zip: _____

Co-Signer Phone #: _____ Work #: _____

Co-Signer Signature: _____ Date: _____

Subscribed and affirmed before me in the county of _____, State of _____,
this _____ day of _____, 20____.

(Notary's official signature)

Affix Notary Seal Here

(Commission Expiration)