

1502 E. Jackson Bloomington, IL 61701 • (309) 829-5885 www.ExcelREM.com

PARENT / COSIGNER AGREEMENT

	f/cosigner for agree to be responsible for payments of rent for the term of the lease my damages that occur in case of default of lessee, for the premises situated at
in Illinois. In the ev	ent that the rent is not paid or damages occur, I understand that I will be liable for the full amages plus court costs, attorney's fees, or any fees incurred in the collection process.
Note: this agreemen the event of default b	t does not supersede the lease by but is additional and shall be weighed separately in by lessee.
	nd, and agree to the above. I also have read, understand, and agree to the terms of the lease further understand that the information listed below may be used in obtaining any credit
Sign Name:	
Print Name:	
Dated:	
Driver's License #:	
Social Security #:	
Home Address:	
E-Mail Address:	
Home Phone #:	
Mobile Phone #:	
Work Phone #: Place of Employment:	
Position of Employment:	
Length of Employment::	
Approx. Gross Monthly Pay:	\$

Last Revised: 06/23/2020