



CO-SIGNER AGREEMENT

Property Address:

Lease Begin Date:

Lease End Date:

Total Monthly Rent: \$

Name of Tenant Cosigning for: _____

Relationship to Tenant: _____

Other Tenants Occupying Unit (List ALL):

This addendum is incorporated in and shall become part of the Lease Agreement dated above by and between the Owner of the property, acting through their agent Access Real Estate Services, herein referred to as "Owner"; and **Tenant**, those persons as described in the Lease Agreement. If there is conflict between the language of the lease and addendum, the language of the addendum shall control.

Statement of Guaranty: I have no intentions in occupying the unit referred to above. However, as a cosigner for the above named **Tenant**, I acknowledge that I hereby unconditionally guarantee payment of rent under the Lease Agreement for the rental unit referenced above and I am bound by the terms and conditions of the Lease. If the **Tenant** defaults in the payment of any installment of rent or other Lease provision, or failure to comply with the terms of the Lease in any way, I shall pay upon demand the amount of rent due, the amount of damage and/or cleaning expense incurred to restore the rental unit to the condition in which it was originally rented to the above **Tenant**, less normal wear and tear, and/or pay the amount of income lost due to break of the Lease or other failure to comply with the terms of the Lease Agreement, including but not limited to payment of attorney's fees and costs in enforcing the Lease and Cosigner Agreement. **The Lease states that each signer on a Lease is equally and separately liable for the entire rent during the term of the Lease.** The Guarantor's liability hereunder shall not be affected by reason of any extension of time for payment of any installment granted by the Landlord to the **Tenant**.

Duration: This guaranty may not be revoked during the term of the Lease, or any extension thereof, even if the terms of the Lease are changed.

I hereby declare under penalty of perjury under the laws of the State of Washington that the information contained herein is true and correct and that I am fully aware of the obligations I am undertaking.

I authorize you to contact credit agencies to verify any credit and/or employment records.

Co-Signer Signature _____
Date

Co-Signer Employer \$_____ per _____
Salary/Income

Physical Home Address

City/State _____
ZIP

Mailing Address (if different)

City/State _____
ZIP

Contact Phone

Contact Email

Landlord _____
Date

*Access Real Estate Services
as Owner's Agent*

OFFICE FAX: 360-386-1315
OFFICE EMAIL: info@accessrealestateservices.com