



MDC Co-signer Application

Part 1: Applicant Information

Applicant for whom you are co-signing: _____

Address applied for: _____

Part 2: Co-signer Information

Name: _____

Phone: _____ Email _____

Current Address: _____

City: _____ State: _____ Zip: _____ Lived here for: _____ yrs.

Social Security # (for credit check): _____ D.O.B. _____

Do you own your own home? Yes: No: How many years? _____

Part 3: Housing References (Fill out if you DO NOT own a home or have owned home less than 3 years)

1. Present Address: _____
City: _____ State: _____ Zip: _____
Monthly Rent: \$ _____ Lease term from: _____ to _____
Landlord's Name: _____ Landlord's Phone #: _____
2. Previous Address (if moved less than 3 yrs. Ago): _____
City: _____ State: _____ Zip: _____
Monthly Rent: \$ _____ Lease term from: _____ to _____
Landlord's Name: _____ Landlord's Phone #: _____

Part 4: Credit Information

Does someone else use you as a deduction for tax purposes? Yes: No:

Banking References:

Bank Name: _____ Address _____

Check all that apply: Savings Checking Investments

Bank Name: _____ Address _____

Check all that apply: Savings Checking Investments

Part 5: Employment Information

Employer: _____ Position _____ Held for _____ years

Emp. Address: _____ Phone: _____

Approx. Annual Income: \$ _____ Approx. Hrs. worked per week: _____ Supervisor: _____

Employer 2: _____ Position: _____ Held for _____ years

Emp. Address: _____ Phone: _____

Approx. Annual Income: \$ _____ Approx. Hrs. worked per week: _____ Supervisor: _____

Additional Income (if applicable)

Self Employed Income: _____

Periodic Pension Payments: _____

Social Security: _____

Disability: _____

Child Support/Alimony (court ordered): _____

Unemployment: _____

Other: _____

******IMPORTANT: Please attach proof of income to this form (paystub, tax form, bank statement, letter explaining benefits, etc.)******

Part 6: Additional Information

Have you ever been convicted of a Felony? Yes: No: If yes, please explain below:

Have you ever been evicted for any reason? Yes: No: If yes, please explain below:

Part 7: Authorization

Important: This is not a lease. Lease will not be signed until all applications are approved.

I hereby certify that all statements made above are correct and authorize release of any information requested by Madison Development Corporation regarding my income, assets, and allowances. I understand and agree that photocopies of this authorization may be used *for the purposes stated above*. I consent to an inquiry of any housing or employment references listed on the application as well as a credit report and criminal history.

Co-signer Signature: _____ Date: _____

Property Manager: _____ Date: _____

Terms and Conditions: MDC may obtain information regarding my income, assets, expenses, and household status for purposes of determining my eligibility for participation in affordable housing programs. The information obtained will only be used for determining income eligibility in applicable programs, will be kept confidential, and will not be released outside this scope. This release of information will expire one year from the date of the signature.

Please return this form to:

Madison Development Corporation
550 W. Washington Avenue
Madison, WI 53703
Phone: (608)-256-2799
FAX: (608)-256-1560
Email: leasingassistant@mdcorp.org



**MDC is an Equal Opportunity
Housing Provider**