

CO-SIGNOR APPLICATION

NORTH BRUNSWICK SENIOR HOUSING
740 HERMANN ROAD, NORTH BRUNSWICK, NJ 08902
Operated by the North Brunswick Housing Corporation (NBHC)
Managed by PRC Management Co., Inc. (PRC)
732-296-7122

APPLICANT WHO YOU ARE APPLYING TO BE GUARANTOR FOR _____

PERSONAL HISTORY

Name _____ Age _____ Date of Birth _____
Address: _____ Phone # _____
Social Security # _____ Driver's License # _____

Name _____ Age _____ Date of Birth _____
Address: _____ Phone # _____
Social Security # _____ Driver's License # _____

Please provide the address of a home you own in New Jersey? You must own a home in New Jersey in order to qualify to be approved as a Co-signor. _____

EMPLOYMENT & INCOME

Name and address of employer _____ Annual Earnings _____
Name and address of employer _____ Annual Earnings _____

Other Income (Describe)

_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
TOTAL INCOME (Add all categories)	\$ _____	\$ _____

At a later date, when NBHC gets closer on the waiting list to the name of the applicant you are applying to co-sign for, you will be contacted to supply documentation for the information provided in this application, including your most recent tax return, copies of your two most recent pay stubs and proof of home ownership. If not employed, you must submit documentation for other sources of income. At that time, NBHC will proceed with the verifications authorized below.

Each applicant, by execution of this application, hereby authorizes and directs any bank, credit reference, credit reporting agency or lender referred to in this application to supply NBHC or PRC with any credit information requested in connection with the requirements for approval of this application.

CERTIFICATION AS TO ACCURACY OF INFORMATION

I/We hereby certify that all of the information contained in this application is to the best of my/our knowledge and belief true, correct and complete, and that any misrepresentation or material omission could render any agreement for residency void a the option of NBHC.

REQUIRED SIGNATURES

CO-SIGNOR SIGNATURE: _____ Date _____
CO-SIGNOR SIGNATURE: _____ Date _____

For Office Use: Co-signor Application Received on (Date) _____ at (Time) _____