

# Co-Signer Income Verification Agreement Form

This form is used to verify the income, employment, and financial status of a co-signer. Please complete all fields below. This document will be printed and signed upon completion.

## 1. Primary Applicant Information

Primary Applicant Full Name:

Application Reference Number:

## 2. Co-Signer Personal Information

Co-Signer Full Name:

Relationship to Applicant:

Street Address:

City, State, Zip Code:

Phone Number:

Email Address:

Social Security Number / Government ID:

## 3. Co-Signer Income & Employment Verification

Current Employer Name:

Job Title / Position:

Employment Status (e.g., Full-Time, Part-Time):

Length of Employment (Years/Months):

Employer Address:

Supervisor Name:

Supervisor Phone Number:

Gross Monthly Income (\$):

Gross Annual Income (\$):

Other Verifiable Income Source (if applicable):

Other Monthly Income Amount (\$):

## 4. Authorization and Agreement Statement

By signing below, I, the Co-Signer, certify that all information provided in this document is true, accurate, and complete to the best of my knowledge. I understand that this information is being used to verify my financial capability to fulfill the responsibilities of a co-signer.

I hereby authorize the verification of my employment, income, and financial history, including contacting the employers, supervisors, or institutions listed above. I also authorize a review of my credit history for the purpose of evaluating this agreement.

## 5. Execution and Signatures

Co-Signer Printed Name:

Co-Signer Signature:

Date (MM/DD/YYYY):