

**Grizzly Property Management, Inc.**

2205 South Avenue West, Missoula, MT 59801

Phone: (406) 542-2060 Fax: (406) 549-1443

**Co-SIGNER AGREEMENT**

“Addendum”

Signing of this addendum does not automatically approve you as a co-signer. Upon managements review and approval of your credit, will the applicants be permitted occupancy.  
There is a \$20 processing fee that is NON-refundable.

The co-signer(s) to the Residential Lease – Rental Agreement is \_\_\_\_\_  
for the property located at \_\_\_\_\_. The Residential Lease-Rental Agreement is between Grizzly Property Management and (tenant)\_\_\_\_\_, herein called Resident(s) with the approximate occupancy date of . The initial rental rate is \$\_\_\_\_\_per month. The security deposit is \$ \_\_\_\_\_ and the term of the rental agreement is for \_\_\_year/month(s). A copy of the Residential Lease-rental Agreement can be provided at your request.

**This Co-signer Agreement shall continue in full force and effect for the entire term of Resident’s tenancy including any extension, sublets and any rental increases and/or amendments in effect during such tenancy.**

Co-signer agrees to personally guarantee the payment of any monetary damages suffered by the Owner including but not limited to actual attorney’s fees incurred in the enforcement of said Residential Lease-Rental Agreement and/or this Co-Signer Agreement.

Furthermore, Co-signer acknowledges that he/she is not occupying the premises leased pursuant to the Residential Lease-Rental Agreement, nor is he/she entitled to service of any statutory notice required by law to the occupants.

By my signature below, I authorize the investigation and release of credit information to Grizzly Property Management and/or the owner of any property for which I am co-signing.

Guarantor’s Information: (Please Print)

Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
Monthly Income: \_\_\_\_\_ Driver’s License # & State: \_\_\_\_\_  
Email: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_ Fax \_\_\_\_\_  
Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Physical Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Employer’s Name & Address \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Notary Public Signature \_\_\_\_\_  
State of \_\_\_\_\_ County of \_\_\_\_\_  
Subscribed and Sworn before me on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_  
Printed Name \_\_\_\_\_  
My Commission Expires \_\_\_\_\_

(NOTARIAL SEAL)