



P.O. Box 1871  
Oshkosh, WI 54903-1871

### Co-Signer Information

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

Full Name of Lessee co-signing for: \_\_\_\_\_

Address of Property co-signing for: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Initial: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

\*Home Email: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Current Place of Work: \_\_\_\_\_

Years of work at Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_

\*Work Email: \_\_\_\_\_

I, \_\_\_\_\_, certify that all information disclosed above is correct,  
(Print full name) and that I am over 17 years of age.

Co-Signer Signature: \_\_\_\_\_

*\*Designates all optional fields. If all other fields go unfilled lessee's application will be denied.*

Call or text: 920-203-6143  
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