

Fax:- 734 434 6782

| Parents Cosigner Form:- | Date: |
|---|---------------------------------------|
| This letter is to confirm that I am the cosigner for my Son/ Daughter | |
| | for leasing the house/ Apt Located at |
| Ann Arbor, MI 48104. | |
| For that I am signing below. Please include COPY of cosigner Driving License. | |
| Cosigner First & Last Name: Cosigner Address: | |
| Cosigner Phone Number: | |
| Did Cosigner ever File Bankruptcy: | |
| Employer: | |
| Occupation: | |
| Cosigner Signature: | |
| | |
| E-mail:- Info@CareOneRental.com | |