

Date _____

It is agreed that this Co-Signature Addendum is a part of the Tenant Agreement dated _____ day of _____ 20____ between Ashton Development, Inc. Landlord and _____ at Ashton Development, 1897 N Hunt St, Terre Haute, IN. 47805, commencing on the _____ day of _____, 20____. The signature below guarantees the terms, conditions, and obligations of the above mentioned Tenant Agreement, including, but not limited to, the payment of the total rent during the term in the amount of \$ _____ for _____ months with a total sum of \$ _____.

The undersigned specifically acknowledge(s) and agree(s) that: (1) I/we are signing this co-Signature Addendum for the purpose of guaranteeing the financial obligations created by the Tenant Agreement of a dwelling or other property; (2) verification or re-verification of any information contained in the Co-Signature Addendum and/or signature addendum will be retained by the Landlord, even if the lease is not approved; (3) in the event the underlying lease payments or other financial obligations under the lease become delinquent, the Landlord, it's agents, successors, and assignees, in addition to all their rights and remedies, may report my/our names(s) and account information to a credit reporting agency.

This Co-Signature Addendum may be disapproved as a result of the following credit report decision criteria:

1. Any bankruptcy, judgment, suit, foreclosure, tax lien, garnishment, repossession, within the twenty-four (24) months.
2. No trade lines with a date opened six (6) months or older.
3. More than one (1) charge off or collection within the last twenty-four (24) months (excluding medical).
4. More than one (1) trade line currently rated a 4 or higher (90 + days past due).
5. Debt to income is greater than 50%. IF NOT MET, DECISION FACTOR WILL READ "DEBT RATION".

This Co-Signature Addendum may also be disapproved as a result of any misrepresentation or insufficient information as a result of incomplete Co-Signature Addendum.

Tenant(s): _____

Co-Signature: _____

Address: _____

Print Name: _____

City, ST., Zip: _____

Social Security #: _____

Daytime phone #: _____

Office use only:

Co-Signature approved: Yes: _____

No: _____

Explanation _____

Please forward this signed addendum to:

Ashton Development, Inc.

Phone: (812) 877-1390 office

1897 N. Hunt Rd.

Phone: (812) 249-4359 CELL

Terre Haute, IN. 47805

Fax: (812) 877-1396