

STATEMENT OF FINANCIAL RESPONSIBILITY

I hereby agree to be responsible for any financial obligations not met by _____ during, and at termination of his/her/their tenancy at _____.

This includes, but is not limited to, past due rent, property damage, and any fees levied under the terms of the rental agreement.

I understand that his/her/their tenancy shall begin on _____ for an indefinite period of time and the present rent rate is \$ _____ per month, subject to change with proper notice.

COSIGNER INFORMATION

First Name: _____ MI: _____ Last Name: _____

_____ Mother/Father/Sponsor (circle one)

Signature

_____	Street Address
_____	City, State, & Zip Code
_____	Home Telephone Number
_____	Social Security Number
_____	Date of Birth
_____	Present Employer
_____	Work Telephone Number

Please be advised that a credit report, criminal background check & evictions record will be drawn upon receipt of this statement. Co-signers receiving Social Security Income or Disability Income as their only source of income will not be accepted.

Individual co-signer charges apply. These charges vary and are property specific. Please contact your local IPMG, Inc. office for the amount before proceeding with the completion of this form. Specific office information is listed below. These forms may be personally delivered or faxed to the appropriate office. **Charges due must be paid before this form will be processed.**

Corvallis Office
2380 NW Kings Blvd, Ste. 301
Corvallis, OR 97330
541-758-4200
Fax: 541-758-4213

Eugene Office
345 W. 10th Ave.
Eugene, OR 97401
541-484-5000
Fax: 541-484-6377

Office hours are 8:00am to 5:00pm Monday through Friday, excepting office closures for major holidays.

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Corvallis, OR 97330

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www.IPMG-INC.com