

STATEMENT OF FINANCIAL RESPONSIBILITY

I hereby agree to be responsible for any financial obligations not met by _____ during, and at termination of his/her 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 tenancy will begin on _____ for an indefinite period of time and the present rent rate is \$ _____ per month, subject to change with proper notice.

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 may apply. These charges vary and are property specific. Please contact your local area IPMG, Inc. office for the amount before proceeding with the completion of this form. Specific office information is listed at the bottom of the page. These forms may be personally delivered or faxed to the appropriate office. Forms will not be processed until charge is received.

Corvallis Office
777 NE 2nd Street
Corvallis, OR 97330
541-758-4200
fax: 541-758-4213

Salem Office
858 Lancaster SE
Salem, OR 97317
503-588-0195
fax: 503-588-0816

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.

IPMG, Inc.
777 NE 2nd Street
Corvallis, OR 97330
541-758-4200
www.IPMG-INC.com
10/2006