

CO-SIGNING AGREEMENT

NAME IN FULL: _____ Phone #: _____
First Middle Initial Last

Present Address: _____ City: _____ Postal Code: ____ ____
If at present address for less than 3 years,

Previous Address: _____ City: _____ Postal Code: ____ ____

Do you own or rent your home? _____ SIN #: _____ Birth Date: ____/____/____ Gross Income: _____
Month Day Year

Occupation: _____ Employer: _____

Supervisor: _____ Phone#: _____

I, _____, hereby accept responsibility for all rental payments pertaining to
PLEASE PRINT CO-SIGNER'S NAME
_____, Nova Scotia, to be occupied by _____
RENTAL PROPERTY ADDRESS
_____ (the Tenant(s)) commencing _____
ALL TENANTS' AND OCCUPANTS' NAMES Date

_____. It is further understood that I am responsible for all damages caused by the tenant and/or their guests. It is recognized that the Lease entered into between _____
ALL TENANTS' AND OCCUPANTS' NAMES
_____ and _____ (the Landlord) is for a period of one(1) year
LANDLORD'S NAME
commencing _____, and automatically renewing on the Anniversary Date, unless notice of
DATE
termination is given in accordance with the Lease Agreement.

I understand that as Co-Signer for _____,
CO-SIGNEE'S NAME(S)

I will be directly responsible for paying all costs, if overdue, incurred by this individual(s). I also understand that the Landlord will notify me if and when monies owing are 15 days overdue. I agree to pay all monies owing within 72 hours of notification from the Landlord, unless otherwise arranged with the Landlord.

I declare the information provided in this Co-Sign Agreement is true and correct, and I have not withheld any information relevant to this application. Pursuant to the Freedom of Information and Protection of Privacy Act, I hereby authorize The Pad Picker's agents to obtain and share with the Landlord a credit report on me from a licensed reporting agency and to receive and exchange information about me with a credit bureau, to be used solely for the purpose of this application.

I have received a copy of the Residential Tenancies Act of Nova Scotia and I have read and understand all the above.

SIGNED THIS _____ DAY OF _____, 20_____.

Signature of Co-Signer: _____