CO-SIGNING AGREEMENT

NAME IN **FULL**: _____ Phone H: _____
First Middle Initial Last

Phone W: _____ Phone C: _____ Email: _____

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

Previous Address: _____ City: _____ Province: _____ Postal Code: ___ ___

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

Occupation: _____ Employer/Company Name: _____

Supervisor: _____ Phone#: _____

If self-employed, please provide a brief description of your title and duties: _____

How long have you been self-employed? _____ Do you have copies of the last 2 years Notice of Assessment from Revenue Canada? ❒ Yes ❒ No

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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

_____/_____/_____. It is further understood that I am responsible for all damages caused by the tenant and/or their
Month Day Year

guests. It is recognized that the Lease entered into between _____
ALL TENANTS' AND OCCUPANTS' NAMES (CO-SIGNEES)

_____ and _____ (the Landlord) is for a period of
LANDLORD'S NAME

_____ commencing _____/_____/_____ and automatically renewing on the Anniversary Date, unless
TERM Month Day Year

notice of termination is given in accordance with the Lease Agreement. I will receive and sign the lease and send a signed copy back to the Landlord.

I understand that as Co-Signer for _____, I will be directly responsible for
CO-SIGNEES' NAME(S)
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: _____