

1470 Queen St, Suite 100 Halifax, NS B3J OL2 www.themillsresidences.ca

CO-SIGNER APPLICATION & AGREEMENT

Co-Signer Information:	Position: Supervisor Name: Supervisor Phone #: Monthly Income (Gross): Emergency Contact Name: Phone #:		
First Name: Last Name: Date of Birth (dd/mm/yyyy): SIN: Phone #: Cell #: Email: Present Landlord: Present Address: Phone #:			
		How Long:	
		1,	, as a guarantor, understand that the lease agreement
		for apartment # to be occupied by	
		commencing (dd/mm/yyyy)	
		responsible for rental payments, cleaning charges or	damages in such amounts as are incurred by the tenant
			t. All guarantors have the same responsibility for the full
			fy me of monies owing. I agree to pay all monies owing
			ess otherwise arranged and agreed upon by the Landlord.
I understand that this co-signer agreement will remain in	n effect through the entire term of the tenancy even if the		
tenancy is extended, renewed or changed in its terms.			
	Dilication & Agreement is true and correct. I have not withheld Developments to obtain a credit report on me to be used solely ent. I have read and understand all of the above.		
Signed	Date (dd/mm/yyyy)		
For Office Use Only			
Accepted by	Date (dd/mm/yyyy)		