

# CO-SIGNING AGREEMENT

NAME IN FULL: \_\_\_\_\_ Phone H: \_\_\_\_\_  
First Middle Initial Last  
Phone W: \_\_\_\_\_ Phone C: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Present Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

If at above for less than 3 years,

Previous Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

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

Source – Employer(s) : \_\_\_\_\_ Gross Annual Income : \_\_\_\_\_

If **self-employed**, please provide a brief description of your title and duties. If **retired**, please state your employment prior to retirement or for the majority of your working years : \_\_\_\_\_

Self-employed or Retired for how long? \_\_\_\_\_ If Self-Emp., can you provide your last 2 years' CRA Notice of Assessments?  Yes  No

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  
\_\_\_\_\_, commencing \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_.  
ALL TENANTS' AND OCCUPANTS' NAMES (CO-SIGNEES) Year Month Day

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 (CO-SIGNEES)  
and \_\_\_\_\_ (the Landlord) is for the duration of the lease, commencing on  
LANDLORD'S NAME  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ and ending \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_. I agree to sign the written lease within 30 days. In the meantime, I  
Year Month Day Year Month Day

understand this Co-sign Form creates a valid lease between the Landlord and myself, and that I have the same rights and distinction as a Tenant to the lease, even though I am not actually occupying the property.

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). My relationship with the co-signee is that I am his/her \_\_\_\_\_.  
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 will receive a copy of the lease within 10 days via email or fax and will provide confirmation of its receipt within 7 days. Failure to provide confirmation of receipt, a valid email address or fax number, will not affect the validity of this document or your contractual obligations. A lease is formed in Nova Scotia between a Landlord and Tenant through the exchange of a simple verbal agreement, receipt of the Residential Tenancies Act and a monetary amount (security deposit or rent). We offer the actual written lease as a courtesy and good business.

SIGNED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_.

Signature of Co-Signer: \_\_\_\_\_