



CO-SIGNER APPLICATION

DROPBOX: 1569 DRESDEN ROW, 2ND FLOOR
HALIFAX, NOVA SCOTIA B3J 2K4
902.877.7466
STERLINGPROPERTIESHFX@GMAIL.COM

CO-SIGNER INFORMATION

Full Name _____
Address (civic #, street name, city, province, postal code) _____
Date of Birth (mm/dd/yyyy) _____ Phone Number _____
Email _____

CO-SIGNER FINANCIAL INFORMATION

Employer Name _____ Job Title _____
Work Address _____
Supervisor Name _____ Supervisor Phone # _____
Supervisor Email _____ Start Date _____
Full Time or Part Time _____ Annual Salary or Hourly Wage \$ _____

TENANT(S) & UNIT INFORMATION

Tenant Name(s) _____
Unit Address & Unit # _____
Monthly Rent \$ _____ Lease Term: _____ to _____

CONSENT

I hereby offer to co-sign from Sterling Properties the aforementioned unit and if a lease is executed, I will submit a Co-Signer Agreement which shall form a part of that lease. I confirm that the information provided in this application is accurate and authorize Sterling Properties to obtain a credit report about me and to contact the aforementioned reference to obtain information about my employment.

This guarantee is for the full amounts of rent, cleaning charges, subletting fees, lease assignment fees, lease breaking fees, tenant insurance costs, or damage/cleaning costs in such amounts as are incurred by the Tenant(s) and/or his/her/their guests under the terms of their Lease for the duration of their lease. **All Co-Signers of the unit have the same responsibility for the full payment, not a pro-rated share.** The Co-signer(s) will remain responsible for the entire term of the lease and will not be released without written consent of the Landlord.

Co-Signer Applicant Signature: _____ Date: _____

Please submit a clear and close-up photo of your Government Issued Photo ID (ex: Driver's License or Passport) :