

A.R.C. Management
Co-Signing Agreement (Please Print)

NAME IN FULL: _____ S.I.N. # _____
DATE OF BIRTH: _____/_____/_____
PRESENT ADDRESS: _____
CITY: _____ POSTAL CODE: _____
HOME PHONE # _____
EMPLOYER: _____
WORK ADDRESS: _____
EMPLOYER'S TELEPHONE # _____

CREDIT REFERENCES

1. _____ 2. _____

I hereby consent to your obtaining factual or investigative information about me or to your procuring or causing to be prepared a credit or consumer report containing credit and personal information about me with respect to this agreement.

I, _____ hereby accept responsibility for all rental payments pertaining to suite# _____, Halifax, Nova Scotia, to be occupied by _____ commencing _____.

It is further understood that I am responsible for all damages caused by the tenant and/or his/her guests. It is recognized that the Lease entered into between A.R.C. Management and _____, is for a period of one year commencing _____, and automatically renewing on the anniversary unless notice of termination is given.

SIGNED THIS _____ DAY OF _____, _____.

WITNESS

GUARANTOR