



THE MILLS RESIDENCES

1470 Queen St, Suite 100
Halifax, NS B3J 0L2
www.themillsresidences.ca

CO-SIGNER APPLICATION & AGREEMENT

Co-Signer Information

First Name: _____
Last Name: _____
Date of Birth (dd/mm/yyyy): _____
SIN: (optional) _____
Phone #: _____
Cell #: _____
Email: _____
Present Address: _____
How Long: _____

Present Landlord

Company Name: _____
Phone #: _____

Current Employment Information

Company: _____
Position: _____
Supervisor Name: _____
Supervisor Phone #: _____
Monthly Income (Gross): _____

Emergency Contact

Name: _____
Phone #: _____
Relationship: _____

I, _____, as a guarantor, understand that the lease agreement for apartment # _____ to be occupied by _____ commencing (dd/mm/yyyy) _____ is a joint agreement. It is further understood that I am responsible for rental payments, cleaning charges or damages in such amounts as are incurred by the tenant and/or their guests under the terms of this agreement. All guarantors have the same responsibility for the full payment. I also understand that the Landlord will notify me of monies owing. I agree to pay all monies owing within 48 hours of notification from the Landlord, unless otherwise arranged and agreed upon by the Landlord.

I understand that this co-signer agreement will remain in effect through the entire term of the tenancy even if the tenancy is extended, renewed or changed in its terms.

I declare the information provided in this Co-Signer Application & Agreement is true and correct. I have not withheld any relevant information. I hereby authorize Mills Company Holdings Ltd. to obtain a credit report on me to be used solely for the purpose of this application and tenancy agreement. I have read and understand all of the above.

Co-Signer Signature

Date (dd/mm/yyyy)

For Office Use Only

Accepted by

Date (dd/mm/yyyy)