

DOUCET RENTAL PROPERTIES
59 The Heights
ANTIGONISH CO.
NOVA SCOTIA
B2G-1K4
863-4476 / 863-8585 Fax: (902) 863-5100

CO-SIGN AGREEMENT

NAME IN FULL : _____

PRESENT ADDRESS : _____

CITY : _____ **POSTAL CODE :** _____

TELEPHONE # : _____ - _____ - _____ **S.I.N. # :** _____ - _____ - _____

OCCUPATION : _____

NAME OF EMPLOYER : _____

EMPLOYER TELEPHONE # : _____ - _____ - _____

CREDIT REFERENCES

ACCOUNT NUMBER

1) _____

XXXXXXXXXXXXXXXXXX

2) _____

XXXXXXXXXXXXXXXXXX

I, _____, hereby accept responsibility for all rental payments

pertaining to _____, _____,
suite address

_____, Nova Scotia, to be occupied by _____
city

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 commences _____.

I UNDERSTAND that as guarantor for _____, I will be directly responsible for paying all costs, if overdue, incurred by this individual. I also understand that the Landlord will notify me if and when monies owing are 15 days overdue. I agree to pay all monies within 72 hours of notification from the Landlord, unless otherwise arranged with the Landlord's Management. It is agreed that this co-sign agreement is to remain in effect for the duration of the lease agreement.

SIGNED THIS _____ **DAY OF** _____, _____

WITNESS

GUARANTOR