

**BEUKEMA & NELSON INC.**

685 old Sackville Road  
Lwr. Sackville, Nova Scotia  
B4C 4B7  
Phone: (902) 865-3200  
Fax: (902) 865-3884

**CO-SIGNING  
AGREEMENT**

**PLEASE COMPLETE ALL OF THE BELOW:**

NAME IN FULL: \_\_\_\_\_ SIN: \_\_\_\_\_(OPT)

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

NAME OF EMPLOYER: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ EMPLOYER'S PHONE #: \_\_\_\_\_

**CREDIT REFERENCES:**

**ACCOUNT NUMBER**

- |          |       |
|----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |

I, \_\_\_\_\_, hereby accept responsibility for all rental payments pertaining to unit # \_\_\_\_\_ of \_\_\_\_\_ 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 \_\_\_\_\_ and BEUKEMA & NELSON INC., is for a period of one (1) year commencing \_\_\_\_\_.

I understand that as the Co-Signer 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 money owing are 15 days overdue. I agree to pay all money owing within 72 hours of notification from the Landlord, unless otherwise arranged with the Landlord's management.

I represent that the information provided on this Co-Signing Agreement Form is true and correct, and authorize you to obtain a credit report

SIGNED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_.

\_\_\_\_\_  
(SIGNATURE OF CO-SIGNER)

\_\_\_\_\_  
(SIGNATURE OF BUILDING MANAGER)