

CO-MAKER APPLICATION

TENANT: _____

APT ADDRESS: _____

**PLEASE COMPLETE IN FULL IF NOT ITS WILL BE NULL AND VOID
ALL INFORMATION GIVEN IS KEPT STRICTLY CONFIDENTIAL**

In consideration of your agreeing to rent the above noted apartment.house to the above named tenant(s), the undersigned hereby covenants and agrees, as if a primary debtor and not a merge guarantor, that the undersigned will make all rent payments and other obligations required to be made by the above named tenant(s) and further, you shall not be required to exhaust remedies against the said tenant(s) before make a demand to the undersigned. This agreement continues for the entire time the above tenant(s) occupies the property, regardless of the lease expiry, any renewal, or rent amount changes.

TELL US ABOUT YOURSELF:

WHAT RELATIONSHIP ARE YOU TO THE TENANT: PARENT - SIBLING - EMPLOYER

OTHER (please explain): _____

LAST NAME: _____ FIRST NAME: _____ DOB: _____

SIN NUMBER: _____ HOME PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____

CREDIT CARD # : _____ EXPIRY DATE: _____

SELECT ONE: VISA: _____ MASTER CARD: _____ AMERICAN EXPRESS: _____ OTHER: _____

PRESENT ADDRESS(IN FULL): _____

DO YOU OWN THE PROPERTY STATED ABOVE? YES NO - IF YES, HOW LONG?

IF YOU ANSWER NO PLEASE FILL IN THE SECTION BELOW:

PRESENT LANDLORD: _____ PHONE NUMBER: _____

HOW LONG HAVE YOU LIVED HERE: _____ AMOUNT OF RENT: _____

EMPLOYMENT INFORMATION:

PRESENT EMPLOYER: _____ BUS.PHONE#: _____

LENGTH OF EMPLOYMENT: _____ OCCUPATION: _____

MONTHLY SALARY: _____

PREVIOUS EMPLOYER: _____ BUS.PHONE#: _____

LENGTH OF EMPLOYMENT: _____ OCCUPATION: _____

MONTHLY SALARY: _____

INCOME SOURCES IF NOT EMPLOYED: _____

I certify that the above information is complete and correct and I understand that this application may be revoked if any information furnished upon this application is found to be incorrect or deemed to be incomplete.

I authorize Kulla Property Management and its agents to exchange my personal information on an ongoing basis with credit bureaus and permit such organizations to verify my personal information in order to protect me. This is to ensure the completeness of the information and maintain the integrity of the credit granting system. I authorize Kulla Property Management and its agents to co-operate with local, provincial, and national authorities in the investigation of unlawful or improper activities in order to protect Kulla Property Management and myself from fraudulent transactions. I also authorize Kulla Property Management to obtain a personal credit report related to this application and to verify directly the information I have supplied above.

I authorize verification of the above information, references, and credit record. The undersigned hereby consents to the collection and use of personal information about me and in accordance with The Personal Information Protection and Electronic Documents Act.

CO-SIGNOR'S SIGNATURE: _____

DATE: _____

WITNESS: _____

(SOMEONE WHO IS NOT THE TENANT AND OVER THE AGE OF 18)