

Superior Property Management Services Ltd.

#100, 71 Corriveau, Avenue St. Albert, Alberta T8N 5A3

Fax (780) 419-3199

E-mail rental@apt-rent.com

Phone (780) 419-7119

I/We, _____ authorize you to answer questions from Superior Property Management Services Ltd. and their agents, regarding my residential and employment history.

I/We understand this information will be used to qualify me as a cosigner tenant and to run a credit check. Superior Property Management can share relevant information with other credit granting and reporting agencies.

Signed

Date

Signed

Date

I /we agree that if the application is accepted, I/we will be legally and financially responsible for _____ and

_____ throughout the term of their tenancy agreement at

Complex: _____, and will co-sign the lease.

Name

Name

Day phone # evening phone #

Day phone # evening phone #

Social Insurance Number

Social Insurance Number

Date of Birth mm/dd/yyyy

Date of Birth mm/dd/yyyy

Employer & phone #

Employer & phone number

Signed

Signed

Date

Date