

VIONELL HOLDINGS PARTNERSHIP  
Unit A - 1340 10th Street  
Brandon, MB R7A 6Z3  
PHONE: 204-726-1681 FAX: 204-726-1811  
Email: info@vhproperties.ca

**CO-SIGNER CONFIRMATION FORM**

PROPERTY APPLIED FOR: \_\_\_\_\_

NAME OF APPLICANT(S): \_\_\_\_\_

\_\_\_\_\_

RELATION TO APPLICANT(S): \_\_\_\_\_

**CO-SIGNER INFORMATION**

NAME: \_\_\_\_\_  
(Please Print)

BIRTHDATE: \_\_\_\_\_  
(Required for Credit Check Purposes)

ADDRESS: \_\_\_\_\_  
(Street or Box #)

HOME PHONE: \_\_\_\_\_

\_\_\_\_\_

WORK PHONE: \_\_\_\_\_

(City/Town)

CELL. PHONE: \_\_\_\_\_

\_\_\_\_\_

(Province & Postal Code)

EMAIL: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

MONTHLY INCOME: \_\_\_\_\_

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

LENGTH OF EMPLOYMENT: \_\_\_\_\_

\_\_\_\_\_

POSITION/TITLE: \_\_\_\_\_

This is to confirm that I, \_\_\_\_\_ agree to assume all responsibilities involved in the "Tenancy Agreement" to be signed by the applicant and myself.

I understand that my main obligation is to make the monthly rental payment for the premises concerned, should the applicant/tenant default.

I understand that it is my obligation to pay for any damages incurred at the premises concerned, should the applicant/tenant default.

I hereby declare that the foregoing information is true and complete.

I understand that any false information may result in the refusal of the application.

I hereby consent to the possibility of a credit check and personal investigation.

I understand that delinquent rent payments may affect my overall credit rating.

\_\_\_\_\_  
Co-Signer Signature

\_\_\_\_\_  
Date

**For Office Use Only**

Date Received: \_\_\_\_\_

Received By: \_\_\_\_\_

Co-Signer In Person:  Yes

No

Phone Confirmation Date: \_\_\_\_\_