

5814 57 A Ave Taber AB T1G 1Y4
403-894-7085 Brandi
403-635-0754 Wendy
info@alliancerental.ca



CoSigner Application Form

Property Address:

Address: _____

City: Taber

Province: Alberta

Applicant Information (CoSigner):

Full Name: _____

Date of Birth: _____

SIN (Social Insurance Number): _____

Phone Number: _____

Email Address: _____

Current Address: _____

City: _____

Province: _____

Postal Code: _____

Duration at Current Address: _____

Previous Address (if less than 3 years at current address):

City: _____

Province: _____

Postal Code: _____

Employment Information:

Current Employer: _____

Employer Address: _____

City: _____

Province: _____

Postal Code: _____

Position: _____

Duration of Employment: _____

Monthly Income: _____ (Please provide last two pay stubs)

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Employer Phone Number: _____

References:

Personal Reference Name: _____

Relationship: _____

Phone Number: _____

Personal Reference Name: _____

Relationship: _____

Phone Number: _____

Tenant Information (Person Being CoSigned For):

Full Name: _____

Relationship to CoSigner: _____

Authorization and Consent:

I, the undersigned, certify that the above information is true and correct to the best of my knowledge. I authorize Alliance Rental to conduct a credit check and verify the information provided in this application. I understand that as a cosigner, I am responsible for the lease obligations of the tenant named above, including the payment of rent and any additional fees, should the tenant default.

Signature:

CoSigner Name: _____

CoSigner Signature: _____

Date: _____

Landlord Use Only:

Application Received By: _____

Date: _____

Credit Check Completed: ☐ Yes ☐ No

Approved: ☐ Yes ☐ No

Notes: _____