



LETTER OF GUARANTEE

Please note – failure include any information will lead to unnecessary processing delays

ADDRESS: _____ **APT#:** _____ **TOTAL MONTHLY RENT:** _____ \$

The information requested above must correspond with the address listed on the 'Offer to Rent' sheet – the apartment in which the person you are guaranteeing wants to live.

My _____, _____ has an agreement with you to sign a
(Son, daughter, friend etc.) *(Name of prospective tenant)*
lease for an apartment effective _____. For as long as s/he holds a valid lease with you, I
(Lease start date)
guarantee the payment of the rent as well as the fulfillment of all his/her obligations – **jointly and severally** – as outlined in
the lease and its annex.

Signature

Date

Guarantors Name: _____ Birth date: ____ / ____ / ____

Home address: _____

Number, Street, Apt

City

Province/State

Postal/Zip Code

E-mail: _____

Tel (Home): ____ - ____ - ____ Tel (Other): ____ - ____ - ____

S.I.N (or S.S.N): ____ - ____ - ____

1. Residence Information

A) **Homeowner**

Mortgage **OR** Paid off

Since _____

Please note: If you are a homeowner, the applications department will require a copy of either the most recent property or school taxes to ensure the ownership of your home. If your name does not appear on the official document (i.e. it is under your spouses' name), we will ask for the other individual to fill out the form.

B) **Renting**

Rent: _____ \$/month * Since _____

Landlord's Name: _____ * Landlord's # _____ - _____ - _____

Please continue on following page



2. Employment Information

A) **I Am Employed**

Company name: _____

Address: _____
(Number, Street, Apt, Province/State, Postal/Zip Code)

Office telephone number: ____-____-____ ext.: ____ Position/Title: _____

Type of business: _____ at this job since: _____

Salary/Income: _____/ year () month () other ()

Reference _____ (Name) Tel.: ____-____-____

B) **I Am Self-Employed**

Name of business OR Quebec/Canada enterprise registration number: _____

Type of business _____

Address of business: _____ Tel.: ____-____-____
(Number, Street, Apt, Province/State/Postal/Zip Code)

Net Revenue _____ \$/year () month ()

Please note: we will require a copy of your personal notice of assessment to confirm your eligibility as a guarantor.

C) **I Am Retired** () Pension: \$ _____ / month

3. Additional Sources of Income

SIGNATURE: _____ DATE: _____