

Schedule D: Co-signer Agreement

To: **Norris Crescent Housing Co-op**

From Co-signer(s): _____
[Include address, phone, e-mail, if available] _____

Applicant: _____

I wish to assist the applicant to obtain housing at the Co-op. My relationship to the Applicant is:

[Insert relationship, such as _____
“The Applicant is my son” or
“The Applicant is my friend.”] _____

I understand that the Co-op may accept the Applicant as a member if I agree to be responsible for the Applicant’s financial obligations.

In consideration for the Co-op accepting the Applicant as a member and permitting the Applicant to live at the Co-op, I agree to pay all housing charges and other financial obligations of the Applicant to the Co-op when due.

I understand and agree to the following points:

- I am directly and principally responsible for these obligations. I am not merely a guarantor or surety.
- The Co-op can do any of the following things without my consent, without notice to me and without releasing me from my obligations under this Agreement:
 - change the terms of the membership or occupancy of the Applicant
 - allow the Applicant to move to a different unit with a different housing charge
 - change the amount payable by the Applicant because of changes in the housing charges for the Applicant’s unit
 - change the amount payable by the Applicant because of changes in the Applicant’s income if the Applicant receives geared-to-income assistance or subsidy
 - extend time to the Applicant for payment or performance of obligations
 - take or not take steps to enforce payment of money or performance of obligations by the Applicant
- The Co-op does not have to bring legal action or exercise other remedies against the Applicant or any other person before requiring payment of money or performance of

obligations by me. I will remain responsible both before and after the Co-op does this.

- I cannot cancel or revoke the obligations I have agreed to in this document.

I agree that the co-op can receive, through its employees or agents, credit information about me from any credit agency or other source.

I acknowledge that I have had the opportunity to obtain legal advice and I have obtained any legal advice I wish prior to signing this document.

Signed:

Date: _____, _____

Co-signer _____ } _____ }
Signature *Print Name*

Witness _____ } _____ }
Signature *Print Name*

I authorize the Co-op to give the Co-signer any information it may have about me at the present time or in the future. I agree that I cannot cancel or revoke this authorization.

Signed:

Date: _____, _____

Applicant _____ } _____ }
Signature *Print Name*

Witness _____ } _____ }
Signature *Print Name*

Note: To be signed by all persons in Applicant's household sixteen or older, including members and non-member occupants.

Note: Adjust above if applicant is already a member and is asking for a new unit or a separate unit (such as the child of an existing member).