



APARTMENT LEASE GUARANTY

Each guarantor must submit a separate guaranty form. It must be notarized or the guarantor must attach a copy of his or her driver's license or other government-issued photo identification.

You, as guarantor(s) signing this Apartment Lease Guaranty, guarantee all obligations of resident(s) under the Lease described below.

referred to in the Lease. If we seek to enforce this Guaranty, you agree that it can be in the county where the Apartment Community is located, no matter where you live.)

Date of Lease: _____

Guarantor's Name: _____

Owner's name: _____

Address: _____

Resident's Name: _____

City/State/Zip: _____

E-Mail: _____

Phone#: _____

Bedroom: _____ * Apartment No. _____ *

E-Mail: _____

You agree that your obligation will continue through the Lease term and will not be affected by amendments, changes, assignments or sublease of the Lease. If we, as landlord, delay or fail to exercise lease rights, pursue remedies, give notices, or make demands to the resident or to you, as guarantor, these will not act as waiver of our rights as owner or as landlord. All or our remedies against the resident apply to guarantor, as well. The resident and guarantor are jointly and severally liable. It is not necessary for us to sue or exhaust remedies against the resident in order for you to be liable.

Social Security #: _____

Drive's License #: _____

Date of Birth: _____

Monthly Income: _____

Employer Name: _____

Address: _____

(You represent that all information submitted by you on this Guaranty is true and complete. You authorize us to request and obtain consumer reports, verification of income and employment, rental history reports, and other credit reports on you. A facsimile signature by you on this Guaranty will be just as binding as an original signature. It is not necessary for you, as guarantor, to sign the Lease itself or to be named in the Lease. The Guaranty does not have to be

Phone: _____ Fax: _____

Contact Name: _____

Date: _____

Signature of Guarantor

This instrument was acknowledged before me on _____ by _____

Notary Signature _____
(unless copy of Driver's License or Government photo I.D is attached)

My Commission expires. _____

FOR ON-SITE STAFF USE ONLY
Staff is required to complete the following information after guarantor status is received:
<input type="checkbox"/> Guarantor Accepted <input type="checkbox"/> Guarantor Denied <input type="checkbox"/> Date Received: _____ <input type="checkbox"/> Staff Initials:
Resident Notified: _____ (Date and Staff Initial)
Identification attached: <input type="checkbox"/> Driver's License <input type="checkbox"/> Government-issued photo identification.