

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.

Date of lease: _____
 Management Company: Grand Campus Living

Resident's name: _____
PRINTED

E-Mail: _____

Bedroom: _____ * Apartment No. _____ *

You agree that your obligation will continue through the Lease term and any renewals and will not be affected by amendments, changes, assignments or subleases 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 a waiver of our rights as owner or as landlord. All of 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.

(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 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.) Our Privacy Policy is available to you upon request.

Guarantor's Name: _____
PRINTED

Address: _____
PRINTED

City/State/Zip _____
PRINTED

Phone #: _____

E-Mail: _____

Social Security #: _____

Driver's License #: _____

Date of Birth: _____

Monthly Income: _____

Employer Name: _____

Address: _____

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 Date Received: _____ Staff Initials: _____
Resident Notified: _____ (Date and Staff Initial)	
Identification attached: <input type="checkbox"/> Driver's License <input type="checkbox"/> Government-issued photo identification	

* or any other unit/bedroom