

PARENT CO-SIGNER APARTMENT LEASE GUARANTEE

***This form must be accompanied by a copy of driver's license and a copy of pay stub of the co-signer.***

You, as Guarantor signing this Apartment Lease Guaranty, guarantee all obligations of the resident under the lease dated:

Resident's Name: \_\_\_\_\_

Street address of dwelling being leased: \_\_\_\_\_ Murray/Casa San Luis Obispo, CA 93405\*  
\_\_\_\_\_ Southwood Dr San Luis Obispo, CA 93401\*  
\_\_\_\_\_ Broad St San Luis Obispo, CA 93401\*  
\_\_\_\_\_ Galleon Way San Luis Obispo, CA 93405\*

You agree that your obligation will continue through the Lease term and any renewals and will not be affected by amendments, changes or subleases of the Lease. If we, as owner of the dwelling, 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. 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.

*\* or any other unit and any renewal or extension of the lease*

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. 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 property is located, no matter where you live.

Guarantor's Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Driver's License #/State: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

E-Mail Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Monthly Income: \_\_\_\_\_ Other Income: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Signature of Guarantor: \_\_\_\_\_ Date Signed: \_\_\_\_\_

(Falsifying a signature is punishable in a court of law. Do not sign for someone else.)