

DILLON HALL RESIDENCES
Student Off-Campus Housing

LEASE CONTRACT GUARANTY

You, as Co-Signer signing this Lease Contract Guaranty, guarantee all obligations of tenant(s) under the Lease Contract described below.

Date of lease _____

Landlord's name (or name of apartment community)

Tenant's name(s) (list all tenants on Lease Contract)

Unit # and Street address of dwelling being leased

City/State of dwelling _____

You agree that your obligations as Co-Signer will continue and will not be affected by amendments, changes, renewals or

extensions of the Lease Contract which may be agreed to from time to time between tenant(s) and us.

If we, as landlord of the dwelling, delay or fail to exercise lease rights, pursue remedies, give notices, or make demands to you, as Co-Signer, you will not consider it as a waiver of our rights, as owner. All our remedies against the tenant(s) apply to Co-Signer, as well. All tenants and Co-Signers are jointly and severally liable. It is unnecessary for us to sue or exhaust remedies against tenants in order for you to be liable. In the event the tenant(s) fail(s) to pay the rent when due, we may notify you in writing, of such failure and you shall **PROMPTLY** pay to us all amounts then owed, and from time to time thereafter owed, under the provisions of the Lease Contract.

You understand that we are relying on this guaranty in evaluating the application for this Lease Contract and that the following information is offered for consideration and verification. You hereby give permission to us to obtain information on your credit for the purpose of this guaranty. A facsimile signature by you on this Guaranty will be just as binding as an original signature. It is not necessary for you, as Co-Signer, to sign the Lease Contract itself or to be named in the Lease Contract. This Co-Signer does not have to be referred to in the Lease Contract.

Proposed Tenants: _____

Co-Signers Name: _____

Relationship to Tenant: _____

Co-Signer's Date of Birth: _____ Co-Signer's Social Security Number _____

Address: _____

Phone: Home(_____) _____ Cell Phone: () _____

Email: _____ State Issued ID (State and no.) _____

Employer: _____ Length of Employment: _____

Occupation: _____ Supervisor: _____

Employer's Address: _____ Zip: _____

Employer's Phone # (_____) _____ Monthly Income: _____

Personal Reference: _____ Phone Number: _____

***Attach verification in form of two (2) most recent paycheck stub or tax forms (W-2) along with a copy of a photo ID**

ALL RENTS ARE DUE AND PAYABLE ON THE FIRST DAY OF EACH MONTH IN ADVANCE.

Pursuant to Fair Housing Laws, the management shall neither refuse to rent or lease an apartment to any person because of race, color, creed, religion, national origin, ancestry, handicaps or familial status of the applicant nor discriminate in the terms offered or the services rendered.

Management is not responsible for loss by fire, theft, smoke or water.

The undersigned warrants and represents that all statements herein are true and permits verification. Should it be determined prior to or at any time during a subsequent tenancy that information given was false, landlord reserves the right to terminate said tenancy immediately. The undersigned agrees to provide documentation necessary to substantiate present or prior earnings which are to be

considered as a basis for payment of rent. The undersigned further agrees to execute upon presentation a lease in the usual form and on terms and conditions therein stated, which lease may be terminated by the Lessor if any statement herein made is not true. This application and deposit are taken subject to previous applications.

I hereby give permission to obtain information on my credit, rental history, criminal history, income verification, and other references, now or in the future for the purpose of this application or for enforcing the provisions of any future lease with Aspen Square Management, which include, but are not limited to, the collection of rent and any other balances due.

Date: _____

Cosigner's signature _____

Then personally appeared the above-named _____, and acknowledge the foregoing instrument to be his/her/their free act and deed before me.

Notary Public

My commission expires on:

Agent for Landlord Signature _____ Date Received _____