LEASE CONTRACT GUARANTY

You, as Co-Signer signing this Lease Contract Guaranty, a obligations of tenant(s) under the Lease Contract described below		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	
Date of lease		against the tenant(s) apply to Co-Signer, as well. All tenants and Co-Signers	
Landlord's name (or name of apartment community)	_	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 guarantee 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 guarantee. A	
Tenant's name(s) (list all tenants on Lease Contract)			
Unit # and Street address of dwelling being leased	_		
City/State of dwelling	_	facsimile signature by you on this Guaranty will be just as binding as an	
You agree that your obligations as Co-Signer will continue an affected by amendments, changes, renewals or extensions contract which may be agreed to from time to time between ten	of the Lease	the Lease 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-Si	gner's Social Security	Number:	
Address:			
Phone: Home()Cell Phone: ()		
Email:State Issued IE	(State and no.)		
Employer: Length of Employment	:		
Occupation:	Supervisor:		
Employer's Address:		Zip:	
Employer's Phone # ()	Monthly Income	<u> </u>	
Personal Reference:	Phone Number		
*Attach verification in form of two (2) most recent paych	heck stub or tax for	ms (W-2) along with a copy of a photo ID	
ALL RENTS ARE DUE AND PAYABLE ON Pursuant to Fair Housing Laws, the management shall neither refuse lease an apartment to any person because of race, color, creed, religiorigin, ancestry, handicaps or familial status of the applicant nor disc 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 as	to rent or on, national rriminate in r.	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	
permits verification. Should it be determined prior to or at any time subsequent tenancy that information given was false, landlord reserv to terminate said tenancy immediately. The undersigned agrees to pudocumentation necessary to substantiate present or prior earnings when the said tenancy immediately.	es the right rovide	for the purpose of this application or for enforcing the provisions of any future to lease with Aspen Square Management, which include, but are not limited to, the collection of rent and any other balances due.	
Date: Then personally appeared the above-named and acknowledge the foregoing instrument to be his/her/their fre	ee act and deed before r	Cosigner's signaturene.	
Notary Public My commission expires on:			