

**APARTMENT LEASE GUARANTY: CAMPUS SUITES**

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 with signature. You, as Guarantor signing this Apartment Lease Guaranty, acknowledge that you have read or have had the opportunity to read the lease agreement, and that you hereby guarantee all obligations of tenant under the lease with Campus Suites / Ultimate Student Living, LLLP acting as Agent for Owner described below.

Date of Lease: \_\_\_\_\_

Resident Name: \_\_\_\_\_

Suite: \_\_\_\_\_ Room: \_\_\_\_\_

You agree that your obligation will continue through the lease term 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 landlord. All of our remedies against the Resident apply to Guarantor as well. The Resident and Guarantor are solidarily 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 Calloway County, KY, where Campus Suites is located, no matter where you live.

**Please Print:**

Guarantor's Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

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

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

Social Security #: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

Employer Name: \_\_\_\_\_

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

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

Fax: \_\_\_\_\_

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

\_\_\_\_\_  
Signature of Guarantor                      Date

**"Duration:** This guaranty shall be in effect during the initial lease term. Thereafter, this guaranty shall remain in effect for the full term of any future leases, or renewals or extensions of the existing lease, unless Landlord has received a written notification of revocation of this guaranty from the guarantor at least 3 days prior to the execution by the Landlord of the future lease, renewal or extension."

This instrument was acknowledged before me on \_\_\_\_\_ by \_\_\_\_\_

Notary Signature \_\_\_\_\_  
(unless copy of Driver's License or government-issued photo ID is attached)

My Commission expires: \_\_\_\_\_

<b>FOR CAMPUS SUITES STAFF USE ONLY</b>	
Staff is required to complete the following information after guarantor status is received:	
Date Received _____	Guarantor Accepted _____ Guarantor Denied _____ Staff Initials _____
Date Resident Notified: _____	Staff Initials _____
Identification Attached: Driver's License _____	Government issued photo ID _____