



Ph:(806) 368-1048 Fax:(806) 698-9244



Ph: (806) 441-0778

LEASE CONTRACT GUARANTY

Lease Contract Information

Date of Lease: \_\_\_\_\_ Unit No. of Apartment \_\_\_\_\_

Owner's name: Choices Recovery Community \_\_\_\_\_ Street/City/State/Zip of above dwelling: \_\_\_\_\_

Resident names (list resident on Lease Contract): \_\_\_\_\_

Monthly rent for dwelling unit: \$575 or \$600

Beginning date of Lease Contract: \_\_\_\_\_

Ending date of Lease Contract: \_\_\_\_\_

Guarantor Information

Use for one guarantor only (can include spouse of guarantor)

ABOUT GUARANTOR: Full name (exactly as on driver's license or govt. ID card)

Current address where you live:

Phone: ( )

(Please check one) Do you own or rent your home?

If renting, name of apartments:

Manager's name: Phone:

Your Social Security #:

Driver's license # and state:

OR govt. photo ID card #:

Birthdate: Sex

Marital Status: single married divorced widowed separated

Total number of dependents under the age of 18 or in college:

What relationship are you to the resident(s)? parent brother or sister

employer other

Are you or your spouse a guarantor for any other lease? Yes No

If so, how many?

YOUR WORK: Present employer:

Employer's address:

Work phone: ( )

How long?

Position:

Your gross monthly income is over: \$

Supervisor's name: Phone:

YOUR SPOUSE: Full name (exactly as on driver's license or govt. ID card):

Driver's license # and state:

OR govt. photo ID card #:

Birthdate:

Social Security #:

Present employer:

How long? Position:

Work phone: ( )

Monthly gross income is over: \$

Guarantor's email address: \_\_\_\_\_



You, as guarantor signing this Lease Contract Guaranty, guarantee all obligations of resident(s) under the above Lease Contract, including but not limited to rent, late fees, property damage, repair costs, animal violation charges, reletting charges, utility payments and all other sums which may become due under the Lease Contract.

You agree that your obligations as guarantor will continue and will not be affected by amendments, modifications, roommate changes or deletions, unit changes, or renewals in the Lease Contract which may be agreed to from time to time between resident(s) and us. If we, as owner of the dwelling, delay or fail to exercise lease rights, pursue remedies, give notices to you, or make demands to you, as guarantor, you will not consider it as a waiver of our rights as owner, against you as guarantor. All of our remedies against the resident(s) apply to guarantor as well. All residents, guarantors and guarantor's spouse are jointly and severally liable. It is unnecessary for us to sue or exhaust remedies against residents in order for you to be liable. This Guaranty is part of the Lease Contract and shall be performed in the county where the dwelling unit is located.

You represent that all information submitted by you on this Guaranty is true and complete. You authorize verification of such information via consumer reports, rental history reports, and other means. 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 Contract itself or to be named in the Lease Contract. This Guaranty does not have to be referred to in the Lease Contract. It is not legally necessary

for this Guaranty to be notarized. Payments under this Guaranty must be mailed to or made in the county where the dwelling unit is located. We recommend that you obtain a copy of the Lease Contract and read it. This Guaranty applies even if you don't do so. We will furnish you a copy of the Lease upon written request.

Date of signing Guaranty \_\_\_\_\_

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

Signature of Guarantor's Spouse \_\_\_\_\_

After signing, please return the signed original of this Guaranty to \_\_\_\_\_

at (street address or P.O. Box) \_\_\_\_\_

or (optional) fax it to us at \_\_\_\_\_

Our telephone number \_\_\_\_\_

*You are entitled to receive a copy of this Lease Contract Guaranty when it is fully signed. Keep it in a safe place.*

Date(s) of verification \_\_\_\_\_

**FOR OFFICE USE ONLY**

Guarantor(s) signature(s) was (were) verified by owner's representative.

Verification was by  phone or  face-to-face meeting.

Telephone numbers called (if applicable) \_\_\_\_\_

Name(s) of Guarantor(s) who was (were) contacted \_\_\_\_\_

Name of Owner's Representative who talked to Guarantor(s) \_\_\_\_\_

- The address is not listed on this form for confidentiality reasons (for that information or any other questions you have contact us at (806) 368-1048).**
- All leases are for six months.**
- Please fax this document to Choices Recovery Community at: (806) 698-9244.**
- In the event a resident is discharged or chooses to break the lease, a reletting fee, not to exceed \$500, will be charged to the Guarantor.**