

Clover Ridge Apartment Homes Co-Signer Guaranty

Applicant Name: _____ **Property:** _____ **Unit:** _____

As Co-Signer(s), I/We will be acting as surety for the above named person's rental agreement with Clover Ridge Apartment Homes. I/We will be responsible for any charges, damages and for payment for the entire lease agreement, and any successive renewal leases that occur.

I/We understand that the lease agreement, in which the above named is entered into, is held in **SEVERALTY**. This means that each person on the lease is responsible for the entire lease as well as the entire amount of rent due on the first of each month and late fees that may occur. If an agreement exists between individuals on the lease as to the amount each person pays, this agreement is personal and not one that Clover Ridge Apartment Homes has made with individual tenants. If any one person on the lease does not pay or defaults, all of the remaining tenants are still responsible for seeing that the entire amount of rent is paid on or before the first of each month.

I/We unconditionally guarantee the prompt and complete payment of all rent due under the foregoing lease. I/We understand that I/We may be contacted for payment if the entire amount of rent is not paid as agreed on the lease. Therefore, I am giving my consent to have a credit report made of my credit history.

In order to process your credit history, we MUST have your Social Security Number. Please be advised that all information given will be held confidentially.

PERSONAL

| | |
|---------------------------|---------------------------|
| Co-Signer Name: _____ | SSN: _____ |
| Hm Phone: (_____) _____ | Wk Phone: (_____) _____ |
| Address: _____ | City/State/Zip: _____ |
| D.L.#: _____ | D.L. State: _____ |

EMPLOYMENT STATUS

Employer: _____
Date Employed: _____ Position: _____
Income: Under \$20,000/yr _____ \$20-50,000/yr _____ Over \$50,000/yr _____
Contact: _____ Phone(_____) _____

CREDIT REFERENCES

Institution: _____ Phone :(_____) _____ Acct#: N/A
Institution: _____ Phone :(_____) _____ Acct#: N/A

It is understood that this form will NOT be accepted unless notarized, nor will this form be accepted if any wording of the agreement has been altered. Please return completed form to: Clover Ridge Apartment Homes, 1801 Irish Way, South Bend, IN, 46637. Original form must be received prior to resident(s) signing lease.

Signature: _____ Date: _____

Signature: _____ Date: _____

Notary: _____ Exp Date: _____

The execution of this document is a material inducement for Landlord to enter into a lease contract, and Landlord is fully relying upon the due and valid execution by the persons whose names are shown above. Landlord reserves all recourse, civil or criminal, in the event of a false or forged execution hereof. Further, this agreement shall remain in effect for the entire term of the lease contract and any renewal contracts.

Please Notarize Here: