



P.O. BOX #620091 | MIDDLETON, WI 53562

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LEASE AGREEMENT GUARANTY

Residents Name: _____

You, as guarantor signing this Lease Agreement Guaranty, guarantee all obligations of the resident under the Lease Agreement for the residence at _____, which commences on _____ and ends on _____.

If the Landlord delays or fails to exercise lease rights, pursue remedies, give notices, or make demands of you, as Guarantor, you will not consider it as a waiver of Landlord's rights. All remedies against the resident apply to Guarantor as well. **All residents and Guarantors are jointly and severally liable for the financial obligations of the Lease Agreement.** It is not necessary for the Landlord to exhaust all available remedies against the resident in order for you to be liable. Guarantor understands that in the event the resident extends the current lease, this Guaranty will apply to the lease extension.

You represent that all information submitted by you on this Guaranty is true and accurate. You authorize verification of such information via consumer reports and other means.

A facsimile signature by you on this Guaranty is just as binding as an original signature. It is not necessary for you, as Guarantor, to sign the Lease Agreement itself, nor be named on the Lease Agreement. If the Landlord seeks to enforce this Guaranty; it shall be in the county where the above-listed residence is located. And you agree to submit to that court's jurisdiction. The lease is established between the tenants and the landlord. Any discussions about the tenant's account will only be had between the landlord and the tenant, not the Guarantor.

THIS FORM MUST BE NOTARIZED.

Printed Name of Guarantor _____ Social Security Number _____-____-_____

Home Address _____

City _____ State _____ Zip Code _____

Home Phone Number _____ Work Phone Number _____

Current Employer _____ Immediate Supervisor _____

Employer Address _____ City _____ State _____ Zip _____

Signature of Guarantor _____ Date _____

Date of Birth _____ State of _____ County of _____



This instrument was acknowledged before me on

_____ Month of _____, 20__

Notary Public Signature _____

Notary Public Typed or Printed Name _____

Residing at _____

My commission expires ___/___/___