Melrose on Fourth & Brooklyn Heights APARTMENTS

Office: 950 4th Street
Charleston, IL 61920
217-345-5515 phone
217-345-5516 fax
MelroseonFourth.com
BrooklynHeightsEIU.com

LEASE GUARANTEE 2018-2019 SCHOOL YEAR

The undersigned, as Guarantor, in consideration of Landlord entering into a lease with:

Tenant Name: _____ For lease dates: _____

___ 4th Street #___
Charleston, IL 61920

Guarantor specifically agrees that this is an absolute guarantee of all of the duties and obligations, financial or otherwise, of tenant. Guarantor is liable immediately upon default of the tenant without any duty upon Landlord to attempt collection from tenant before initiating collection efforts against guarantor for any and all such defaults. Guarantor expressly acknowledges that tenant's duties and obligations to Landlord include joint and several liability with all other persons entering into leases with landlord for the above residential unit and for any and all leases entered into by and between tenant and landlord. This guarantee shall be an additional assurance to the Landlord of the performance of the covenants of this Lease and not a substitution of the tenant's responsibilities and obligations. **This guarantee shall be valid for the entire term of the lease as well as subsequent terms or renewals**. If there is more than one guarantor, liability of each guarantor shall be joint and several. An acceptable lease guarantor shall be a parent. **Melrose on Fourth & Brooklyn Heights Apartments, LLC must approve anyone other than a parent and reserves the right to deny a lease guarantor they deem unacceptable.**

****THIS FORM MUST BE SIGNED BY GUARANTOR(S) IN THE PRESENCE OF A NOTARY PUBLIC****

Guarantor(s):

1. _____ _____ _____
Printed Name Signature Date

_____ _____ _____
Relationship to Tenant SSN# Driv. Lic. #

_____ _____ _____ _____
Address City State Zip

( )_____ _____
Phone Email Address

2. _____ _____ _____
Printed Name Signature Date

_____ _____ _____
Relationship to Tenant SSN# Driv. Lic. #

_____ _____ _____ _____
Address City State Zip

( )_____ _____
Phone Email Address

Subscribed & Sworn to me this:_____ day of _____, 20_____

****THIS FORM MUST BE NOTARIZED****

Notary Public:_____ **Seal:**