

PARENT RESPONSIBILITY FORM

Applicant Name: \_\_\_\_\_ Property: \_\_\_\_\_ Unit: \_\_\_\_\_

As Co-Signer, I will be acting as surety for the above name person's rental agreement with University Real Estate & Property Management, LLC. I will be responsible for any charges, damages and for payment for the entire lease agreement, and any successive renewal leases that occur.

I understand that the lease agreement, in which the above name is entered into, is held in SEVERALTY. This means that each person on the lease is responsible for 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 doesn't involve our Company. If any one person on the lease does not pay or defaults, all the remaining tenants are still responsible for seeing that the entire amount of rent is paid on the first of the month.

I unconditionally guarantee the prompt and complete payment of all rent due under the foregoing lease. I understand that I 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.

This form MUST be notarized in order for it to be valid.

In order to process your credit history, we MUST have your Social Security Number and your credit must not be frozen or locked. If it is frozen, please let us know so we can wait a few days before trying to screen you. If we screen your credit and it is locked, you may have to pay additional application fees. Please be advised that all information will be held confidentially.

PARENT OR GUARDIAN: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_
SS# (REQUIRED): \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: (\_\_\_\_) \_\_\_\_\_ WORK PHONE: (\_\_\_\_) \_\_\_\_\_
CELL PHONE: (\_\_\_\_) \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_
POSITION: \_\_\_\_\_
EMPLOYER ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
PARENT OR GUARDIAN SIGNATURE DATE

STATE OF \_\_\_\_\_
COUNTY OF \_\_\_\_\_

Before me personally appeared \_\_\_\_\_, with whom I am personally acquainted, or has shown proper identification and who acknowledged that he/she executed the within instrument for the purposes therein contained.

Witness my hand, at office, this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires: \_\_\_\_\_