



REAL ESTATE MANAGEMENT, INC.

19 S. 4th Street
P.O. Box 642
Columbia, Mo. 65201
573-443-HOME*/*Fax-573-449-4198

APARTMENT GUARANTY FORM

Each Applicant must submit a separate Guaranty Form. **It must be notarized and** the guarantor must attach a copy of his or her driver's license or other government-issued photo identification.

You, as guarantor(s) are signing this Guarantor Form are guarantying all obligations of the resident(s) under the lease described below.

You authorize us to request and obtain consumer reports, verification of income and employment, rental history reports and other credit reports on you. A facsimile signature by you on this Guaranty Form will be just as binding as an original signature. ***It is not necessary for you, as guarantor to sign the Lease itself or to be named in the Lease.*** If we seek to enforce this Guaranty, you agree that it can be in the county where the property is located, no matter where you live.)

Date of Lease: _____

Owner's name: Real Estate Management Inc.

Resident's name: _____

PRINTED

Street address of dwelling leased: _____

Columbia, MO 6520 .

Apartment No. _____ *

You agree that your obligation will continue through the lease term and any renewals and will not be affected by amendments, changes, assignments or subleases of the Lease. If we, as the owner of the dwelling, delay or fail to exercise lease rights, pursue remedies, give notices, or make demands to the resident or to you, as guarantor, these will not act as a waiver of our rights as owner. All of our remedies against the resident apply to guarantor, as well. The resident and guarantor are jointly and severally liable. It is not necessary for us to sue or exhaust remedies against the resident in order for you to be liable.

This instrument was acknowledged before me on _____ by _____.

Notary Signature _____
(unless copy of Driver's License of notary or government photo I.D. is attached.)

My commission expires: _____

*or any other unit and any renewal or extension of the lease

You represent that all information submitted by you on this Guaranty Form is true and complete. If this form is altered in any way, it will be voided.

Guarantor's Name: _____

Address: _____

City/State/Zip: _____

Phone #: _____ Cell # _____

Social Security#: _____

Driver's License#: _____

Date of Birth: _____

Monthly Income: _____

Employer Name: _____

Address: _____

Phone: _____ Fax: _____

Contact Name: _____

Date: _____

Signature of Guarantor

Applicant Name: _____

Number of Bedrooms Applying For: _____