



LEASE AGREEMENT
GUARANTEE

Resident's Name: _____

You, as Guarantor signing this Lease Agreement Guarantee, guarantee all obligations of the resident under the Lease Agreement for the residence located at _____ in _____, Wisconsin, which commences on _____ and ends on _____.

In consideration of the Landlord's agreement to this lease, the undersigned guarantees the payment of all amounts due under the Lease Agreement and the performance of the covenants by the resident(s).

If landlord delays or fails to exercise lease rights, pursue remedies, give notices, or make demands of you as Guarantor, you will not be consider it as a waiver of landlord's rights. All remedies against the resident(s) 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(s) in order for you to be liable. Guarantor understands that, in the event resident(s) extend(s) the current lease, this Guarantee will apply to the lease extension.

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

A facsimile signature by you on this Guarantee is just as binding as the 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 Guarantee, it shall be in the county where the above-listed residence is located and you agree to submit to that Court's jurisdiction.

Name of Guarantor: _____ Relationship to Resident: _____

Date of Birth: ____/____/____ Social Security Number: ____-____-____

Home Address: _____ City/State/Zip: _____

Phone #: _____ Cell #: _____ Work Phone #: _____

Current Employer: _____ Supervisor: _____

Address: _____ City/State/Zip: _____

Signature of Guarantor: _____ Date: _____

Notary Seal

Dated this _____ day of _____, 20____

Commission Expires: _____

Signature of Notary Public
STATE OF WISCONSIN, COUNTY OF DANE