

GUARANTY OF LEASE
FORM MUST BE NOTARIZED IF SIGNED IN ABSENCE OF MANAGEMENT.

I understand that **CAMPUS REALTY GROUP, INC. (Landlord/Agent)** will lease a residential dwelling
to: _____ (Tenant)

located at: _____

for a term beginning on or about _____ subject to my signing this guaranty.

I unconditionally guarantee the payment of all of the rents and full performance and observance of all of the terms of the lease by the tenants. This guaranty will continue in effect as to any renewal or modification of the foregoing lease and any assignment or transfer by the landlord or tenant(s), or any subleasing, whether or not guarantor receives any notice of or consents thereto. I understand that all tenants signed to lease are jointly and severally bound and liable to the Landlord with respect to all terms and conditions of the executed lease.

Failure of the landlord to insist upon strict performance or observance of any of the terms of the lease, or to exercise any right will not diminish the enforceability of this guaranty.

The guarantor further agrees that liability under this guaranty shall be primary and that with respect to any right of action which may accrue to the landlord under the foregoing lease, or this guaranty, landlord may, at landlord's option, proceed against the guarantor without first making demand against the tenant(s) and without first bringing action against tenant(s), and without joining the tenant(s) as party-defendant(s). Guarantor further agrees that in any action brought by landlord against tenant(s), the guarantor need not be joined as party-defendant.

All terms and provisions herein shall inure to the benefit of the successors and assigns of the landlord and shall be binding upon the heirs, personal representatives, successors and assigns of the guarantor. I waive trial by jury of any issues arising out of or related to this guaranty.

IN WITNESS WHEREOF, the undersigned has affixed his or her signature this ____ day of _____, 20____.

Witness

GUARANTOR: **(Signature)**

Witness

(Printed or Typed Name)

(Address)

DL # _____ **DOB** ____ / ____ / ____

Phone: (____) _____ - _____

Email: Optional _____

State of _____

County of _____

Affirmed a Subscribed before me this _____ day of _____, 20____, by _____

_____ Personally known or _____ Produced Identification

Notary signature: _____