



20 N Blair St. ♦ Suite #105 ♦ Madison, WI 53703

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GUARANTOR FORM & CONSENT

Name of Tenant Applicant _____

Address of Unit Applying for _____ Lease term: ***Length of Residency***

Guarantor Name (please print) _____

Present Address _____ City _____ State _____ Zip _____

Phone (home) _____ (Work) _____

Length of Residency _____ Own ___ or Rent _____ Monthly Payment \$ _____

Social Security Number* _____ Date of Birth* _____

Employer Name _____

Address _____ City _____ State _____ Zip _____

Your Position _____ Length of Employment _____ Monthly Income _____

Supervisor's Name _____ Phone Number _____

List other banking or credit references (Name/Address)

The Fair Credit Reporting Act requires we notify you that as part of our normal procedure, a routine inquiry may be made.

To the best of my knowledge, all of the above information is true and correct.

Signature _____ **Date** _____

I accept responsibility for _____'s financial obligation to the rental of _____, apt # _____, Madison, WI 537 ____.

I, the undersigned, guarantee the payment of all amounts due under the lease agreement dated _____, and to cover a rental period of ***Length of Residency***

I also understand that the above named individual may or may not (at the discretion of management) be allowed to move into the apartment, without my executed Guarantee of the lease Agreement form completed. By my signature, I understand and give permission for the landlord to obtain my credit report and verify my employment as a condition of the Guarantee of Lease Agreement which will be used in the final qualification process for the lease in the aforementioned apartment.

Signature _____ **Date** _____

*For credit report access only. Disclosure of an applicants social security number is voluntary. Housing may not be denied solely on the applicants decision to withhold their security number.