

PARENTAL GUARANTEE

Name

Last: _____ First _____ M.I. _____ Jr./Sr.

SSN _____ / _____ / _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____

Home Phone (____) _____

Employer _____

Position _____ Gross Salary _____ per month

Address _____

City _____ State _____ Zip _____

Phone (____) _____

I, _____ the parent or guardian of _____, understand that if he/she fails to meet the financial obligations of the residential lease on _____, I will accept responsibility for payment until termination of lease and any damage charges following move out. I understand that any unpaid balances that are sent to a collection agency will reflect on my credit report. I also understand that in order to determine if i can meet this financial obligation, ATC Development will check into my credit to determine its worthiness.

Signature- Parent of Guardian

Date

NOTARY SEAL REQUIRED BELOW