UNCONDITIONAL CO-SIGNATORY GUARANTY

CAUTION TO ALL PARTIES: THE LEASE AGREEMENT, WHEN SIGNED BY LANDLORD AND TENANT (REGARDLESS OF NUMBER), AND/OR THIS GUARANTY WHEN SIGNED BY THE GUARANTOR, IS A BINDING LEGAL OBLIGATION. DO NOT SIGN WITHOUT FULLY UNDERSTANDING IT. CONSULT AN ATTORNEY IF YOU HAVE ANY QUESTIONS.

Tenant's Name:	Relationship	Unit
I/We, the undersigned, who is/are the par representations and acknowledgments:	rents, guardians or guarantors of the Tenant(s) in th	ne referenced Lease make the following
1. I/We am/are over 21 years of age, own p	property, and am/are currently employed;	
2. I/We hereby approve and agree to guara unit/apartment/house;	antee payment of the rent due for the full period of	the lease or any damages to the said rental
where said Tenant remains an occupant of	lude: a) any extensions or renewals of the lease term f the premises; c) any changes in the rental amount cement in temporary housing; e) and fulfillment of	; d) substitutions or deletions of other Tenants;
4. I/We agree that our liability is JOINT at damages owing;	nd SEVERAL with all Tenants and Guarantors and	NOT limited to a fractional amount of rent or
5. I/We agree that in the event Landlord p law;	oursues collection of our liability that I/we shall be f	urther liable for all collections costs allowed by
	rms of this Guaranty and that this Guaranty is uncorantor exceed the total rents and damages due under	
all parties to the Lease Agreement and evid	and that if any such information is later discovered to ct all parties in possession of the Premises forthwith AD CAREFULLY BEFORE SIC	n. GNING
		-
Print Name	Print Name	
Guarantor's home address	Guarantor's home ad	dress
City, State and Zip Code	City, State and Zip Co	ode
H:W: Home and Work phone numbers	H:Home and Work pho	W: ne numbers
Email address:	Email address:	
Social Security No.:	Social Security No.:_	
Driver's License No.:	Driver's License No.:	
Place of Employment	Place of Employment	<u> </u>
STATE OF }	000	
STATE OF } COUNTY OF }	ss:	
SWORN TO AND SUBSCRIBED befor	re me, a Notary Public for said State and County, by	7
DENTIFICATION) the Co-signor/Guaran his day of	known to me (or proved to me based upon tor(s), being duly sworn, hereby acknowledged to be 20	be his/her/their respective free act and deed
SEAL	Notary Public	-

Please return this form signed and notarized to:
Property Management 70 W Northwood #1E Columbus, Ohio 43201

Place of notarization:_

Rev: 11/21/2011