

## 2. PERSONAL GUARANTEE/COSIGNER APPLICATION

All sections must be completed. Please provide all information for cosigner/personal guarantee.

LAST NAME	FIRST NAME	MIDDLE NAME	SOCIAL SECURITY NUMBER
DATE OF BIRTH	DRIVER'S LICENSE NO.	STATE	HOME PHONE NUMBER

1	PRESENT ADDRESS	CITY	STATE	ZIP CODE
	DATE IN	DATE OUT	OWN OR RENT?	PHONE NUMBER
	PREVIOUS ADDRESS			

A	PRESENT OCCUPATION	EMPLOYER NAME
	HOW LONG WITH THIS EMPLOYER	PHONE NUMBER ( )
	NAME OF YOUR SUPERVISOR	EMPLOYER ADDRESS

CURRENT GROSS INCOME \$ PER	CHECK ONE <input type="checkbox"/> WEEK <input type="checkbox"/> MONTH <input type="checkbox"/> YEAR	PLEASE LIST ALL OF YOUR FINANCIAL OBLIGATIONS BELOW
-----------------------------	---	---

NAME OF YOUR BANK	BRANCH OR ADDRESS	APPROX BALANCES	
		CHECKING	
		SAVINGS	
NAME OF CREDITOR	ADDRESS	PHONE NUMBER	MO. PAYMENT AMT.
		( )	
		( )	
		( )	

MOTHER'S MAIDEN NAME

\_\_\_\_\_

Applicant represents that all the above statements are true and correct and hereby authorizes verification of the above items including, but not limited to, the obtaining of a credit report and agrees to furnish additional credit references upon request.

ADDRESS OF PROPERTY \_\_\_\_\_ APT NO. \_\_\_\_\_

DATE \_\_\_\_\_ APPLICANT \_\_\_\_\_

### 3. PERSONAL GUARANTEE/COSIGNER AGREEMENT

#### CONTINUING PERSONAL GUARANTEE OF RENT AND PERFORMANCE OF LEASE CONDITIONS

The undersigned (hereinafter known as GUARANTOR), in consideration of the execution of the lease rental agreement hereinafter referred to, hereby unconditionally guarantees and promises to pay or perform on demand any and all debts, obligations and liabilities of \_\_\_\_\_ (hereinafter known as RESIDENT), under or arising out of the lease rental agreement entered into by and between IPM and RESIDENT for the property known as property located at \_\_\_\_\_.

Upon the failure of RESIDENT to perform any and all conditions of the lease rental agreement which include, but are not limited to payment of rent and payment of damage and/or cleaning fees in excess of the security deposit, GURARNTOR will perform the same.

This is a continuing guarantee, which applies to any renewal, extension, modification, or amendment of aforesaid lease rental agreement, without notice to GUARANTOR. GUARANTOR hereby waives each and all of the following:

- (a) Notice of acceptance of this guarantee;
- (b) Notice of any renewal, extension, modification, or amendment of the aforesaid lease rental agreement;
- (c) Notice of RESIDENT's default under the aforesaid lease rental agreement;
- (d) The right, if any, to benefit of or to direct the application of any security held by Hill Properties;
- (e) The right to require Owner to proceed against the aforesaid RESIDENT or any other party liable, or to pursue any other remedy in its power, and agrees that Owner may proceed against GURARNTOR directly and independently of any other party liable and that the cessation of the liability of any other party for any reason other than full payment, shall not in any way affect the liability of GUARANTOR;
- (f) Any defense of the aforesaid RESIDENT or of any other party liable.

The guarantee shall be valid only upon its acceptance by IPM, Owner, in Chico, California. This guarantee and the rights and obligations of the parties hereby shall be governed by and construed in accordance with California law. GUARANTOR hereby consents to jurisdiction by, and waives any objection to the exercise of jurisdiction by the appropriate court in the County of Butte, State of California. In the event an action is brought to enforce performance of this agreement, the prevailing party shall recover reasonable attorney's fees and court costs.

**THIS SECTION TO BE COMPLETED BY GUARANTOR**

*I have read the above terms and conditions and hereby agree to be bound to them.*

Date \_\_\_\_\_ Signature of Guarantor \_\_\_\_\_

Name \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Home Telephone ( ) \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Driver's License # \_\_\_\_\_ Employment \_\_\_\_\_

Work Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

**INSTRUCTIONS:** We must have verification of your signature. This can be accomplished by either having this form Notarized or by sending a copy of your current Driver's License with your valid signature. **ANY ALTERATIONS TO THIS FORM WILL DEEM IT INVALID.**