

# First Property Services of Tallahassee, INC

P.O. Box 3607, Tallahassee, Florida 32315

Office 850-521-0306 Fax 850-222-2073

[www.firstpropertyservices.com](http://www.firstpropertyservices.com)

## *Lease Guarantee Agreement*

The undersigned acknowledges execution of the Lease Agreement by and between First Property Services and

\_\_\_\_\_ as a resident dated \_\_\_\_\_, for a home

located at \_\_\_\_\_, the term of which is from \_\_\_\_\_

to \_\_\_\_\_.

The undersigned does hereby guarantee payment of all rental obligations of all sums of money as set forth by the lease. This guaranty may not and shall not be revoked during the initial term of the lease. Thereafter, if the lease is renewed, even if on different terms, this guaranty shall remain in force. This includes, but not limited to, payments for rent and utilities due, payments for damages, and/or payments due as a result of a breach of said lease. The undersigned agrees that in the event of default the undersigned will promptly pay the amount due and unpaid.

The undersigned acknowledges that First Property Services shall rely upon to lease the rental unit mentioned above pursuant to the terms and conditions of the lease as described above to which this guarantee is attached and made a part thereof by this reference. The undersigned authorizes First Property Services to obtain a consumer credit report, to be used as a basis for determining the acceptance of this document and the terms therein. Proof of income may be required.

under \$25,000     \$26,000 - \$50,000     \$51,000 - \$75,000     \$75,000+

GUARANTOR NAME (PLEASE PRINT) \_\_\_\_\_ DOB \_\_\_\_\_ SSN \_\_\_\_\_

PRESENT ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_ RELATIONSHIP TO RENTER \_\_\_\_\_

CURRENT EMPLOYER \_\_\_\_\_ DRIVER'S LICENSE # & STATE \_\_\_\_\_

GUARANTOR SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

\_\_\_\_\_ has appeared before me and is personally know and/or has shown proper I.D. to be the person described in and who executed the foregoing instrument. Witnessed my hand and official

seal the \_\_\_\_\_ day of \_\_\_\_\_ Notary Public \_\_\_\_\_

My Commission Expires \_\_\_\_\_

AGENT for FPS \_\_\_\_\_ DATE \_\_\_\_\_