



## PARENTAL/GUARDIAN GUARANTY

This form must be signed by the Guarantor(s) in the presence of a Notary, unless signed electronically and returned postmarked within seven (7) days of receipt. Once notarized, please mail ORIGINAL form to: **140 N. Gill St. State College, PA 16801**

All Tenant (s): (ALL RESIDENTS NAMES LISTED HERE)

Leased Premises: \_\_\_\_\_ Lease Dates: \_\_\_\_\_

Intending to be legally bound, and in consideration of the lease agreement with **Tenant(s)**, the undersigned jointly and severally, hereby guarantee the faithful performance of all the terms, covenants and conditions of the Lease agreement by **Tenant(s)**, and guarantee payment that may become due and owing to **Landlord** by **Tenants(s)**. This Guaranty shall remain in effect throughout the term of the lease and any continuation or renewal thereof and so long as **Tenant(s)** may owe any sum to **Landlord**. The liability of the undersigned shall be continuing absolute and unconditional and **Landlord** shall not be required to exercise remedies against **Tenant(s)** before proceeding against the undersigned. In the event that this Guaranty remains incomplete, the lessee(s) will remain responsible for all obligations set forth in the lease documents, which they have signed. Once signed, this Guaranty becomes part of the Lease, which is a legal and binding contract between **Landlord** and **Tenant**. **Landlord retains the right to VOID the Lease agreement if parental guaranty is not provided with seven (7) days of signing of the Lease.**

\_\_\_\_\_  
Parent/Guardian Signature.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Social Security #

\_\_\_\_\_  
Social Security #

\_\_\_\_\_  
Home Mailing Address (Street)

\_\_\_\_\_  
Home Mailing Address (Street)

\_\_\_\_\_  
City / State / Zip

\_\_\_\_\_  
City / State / Zip

\_\_\_\_\_  
Home Phone #

\_\_\_\_\_  
Home Phone #

\_\_\_\_\_  
Cell Phone #

\_\_\_\_\_  
Cell Phone #

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Position / Title

\_\_\_\_\_  
Position / Title

\_\_\_\_\_  
Work Phone #

\_\_\_\_\_  
Work Phone #