

**KAMINS REAL ESTATE--GUARANTOR STATEMENT**

\*Please fill out completely and return to our office. DO NOT ALTER or CHANGE

APARTMENT APPLIED# \_\_\_\_\_ ADDRESS/COMPLEX: \_\_\_\_\_

NAME: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TEL. NO.: \_\_\_\_\_ LENGTH OF RESIDENCY: \_\_\_\_\_

LANDLORD: \_\_\_\_\_ TELEPHONE #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

OCCUPATION OR SOURCE OF INCOME: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ HOW LONG: \_\_\_\_\_ YR. SALARY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE#: \_\_\_\_\_

NAME OF SPOUSE: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ HOW LONG: \_\_\_\_\_ YR. SALARY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE#: \_\_\_\_\_

CREDIT REFERENCES:

(1) NAME: \_\_\_\_\_ TELE. #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

(2) NAME: \_\_\_\_\_ TELE. #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

BANK NAME:

SAVINGS: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CHECKING: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

The undersigned agree(s) to be responsible for performance of the terms of this joint and several lease in the event of default by the Lessee(s) herein as an inducement to the Lessor to let said premises to the Lessee(s) wherefore, witness our hands and seals. If a new lease is signed between the Lessee(s) and Lessor, this statement will continue to be in effect.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_ NOTARY PUBLIC: \_\_\_\_\_