

# OAKLAND

PROPERTY SERVICES, INC.

## Guarantee

For: \_\_\_\_\_  
(Name of Resident)

In consideration of the Landlord's agreement to this lease, the undersigned guarantee(s) the payment of all amounts due under this lease and the performance of all the covenants by the Residents.

If Landlord delays or fails to exercise lease rights, pursue remedies, give notices, or make demands of you, as Guarantor, you will not consider it as a waiver of Landlord's rights. All remedies against the Resident(s) apply to the Guarantor as well. **All Residents and Guarantors are jointly and severally liable for all the financial obligations of the lease agreement.** It is not necessary for the Landlord to exhaust all available remedies against the Residents or other Guarantors in order for you to be liable. Guarantor understands that in the event Resident extends the current lease, the Guarantee will apply to the lease extension.

A facsimile signature by you on this Guarantee is just as binding as an original signature. It is not necessary for you, as Guarantor, to sign the Lease Agreement itself, nor to be named on the Lease Agreement. If the Landlord seeks to enforce this Guarantee, it shall be in the county where the residence is located and you agree to submit to that Court's jurisdiction.

The Fair Credit Reporting Act, Public Law 91-508, requires that we notify you that, as part of our normal procedure, a routine inquiry will be made. This inquiry will provide applicable information regarding character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided. Inquiry will be made through TRANS UNION LLC.

**Name of Guarantor** \_\_\_\_\_

**Soc. Sec. Number** \_\_\_\_\_

**Phone Number** \_\_\_\_\_

**Address** \_\_\_\_\_

Street Address

\_\_\_\_\_ City

\_\_\_\_\_ State

\_\_\_\_\_ Zip

**Signature of Guarantor** \_\_\_\_\_

**Relationship to Resident** \_\_\_\_\_

**\*\* Please have this form notarized \*\***

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

By: \_\_\_\_\_

122 East Olin Avenue, Suite 195, Madison, WI 53713  
(608) 257-1000 Fax (608) 256-2947  
oaklandprop@yahoo.com