

STADIUM VIEW II / COLLEGE PARK

1315 W. Lincoln Hwy., #118
DeKalb, IL 60115
(815) 758-7374

PARENT/GUARDIAN GUARNTOR/GUARANTEE OF LEASE

In consideration of Lessor, College Housing Group, leasing unit # _____ located at 1315 W. Lincoln Highway/1121 W. Hillcrest Dr, DeKalb, Illinois, to my son/daughter (name) _____,

I/we (parent names) _____ do hereby **GUARANTEE** to the Lessor and to his heirs, successors, and assigns, the payment of rent by my son/daughter as Lessee in a Lease dated the _____ day of _____, 200_____ for the aforesaid Unit. In addition, I/we **GUARANTEE** the performance by Lessee of all provisions of the aforesaid Lease including payment of any damages which the aforesaid Unit may incur during the lease period. I/We further waive all notice of default and my/our further consent is granted for all extensions of the lease time that any Lessor may grant the Lessee. I/We further agree to pay all of Lessor’s expenses, including reasonable attorney’s fees, incurred in enforcing the Lease provisions and/or enforcing this **GUARANTEE**.

AUTHORIZATION RELEASE FORM:

I (we) certify that the name, social security, and address(es) given are true and correct to the best of my knowledge. You are hereby authorized to make any investigation of my (our) personal and financial history and pull a credit report through any credit reporting agency. I (we) hereby authorize the release of all information, including credit, employment, salary, and rental information to any credit reporting agency. I (we) am (are) willing to allow a photocopy of this authorization be accepted with the same authority as the original.

Signature Father/Guardian

Date

Father/Guardian Employer

(_____) _____
Employer’s Telephone Number

Employer’s Address

(_____) _____
Home Telephone Number

Employer’s City, State, Zip

Father/Guardian Social Security #

Signature Mother/Guardian

Date

Mother/Guardian Employer

(_____) _____
Employer’s Telephone Number

Employer’s Address

(_____) _____
Home Telephone Number

Employer’s City, State, Zip

Mother/Guardian Social Security #