

**GUARANTY OF PAYMENT OF RENT UNDER LEASE**

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Landlord will lease a residential dwelling to the Resident listed below conditioned on Guarantor giving security for payment of rent and performance of the lease in the form of this personal guaranty.

In consideration of Landlord entering into the lease with the Resident, the Guarantor agrees as follows:

Guarantor unconditionally guarantees the payment to the Landlord, or its successors and assigns, all rent and other cost and charges, including attorney's fees, under any lease entered into with the Resident. If Resident defaults in any payment under the lease, Guarantor shall promptly pay the amount of such payment. Guarantor agrees that Landlord may, at Landlord's option, proceed against the guarantor without first making demand against the Resident and without joining the Resident as a co-defendant. Guarantor further agrees that in any action, eviction or otherwise, brought by Landlord against the Resident, the guarantor need not be joined as a co-defendant.

This guaranty may not be revoked without the written consent of the Landlord during the term of this lease or any subsequent or renewal lease, even if on different terms whether or not the guarantor receives any notice of or consents thereto.

All amounts due hereunder shall bear interest at the highest rate allowed by law from the date of default until paid. This guaranty is to be performed in Leon County, Florida and any action based on this instrument shall be brought in the appropriate court located in that county and in no other court.

The undersigned authorizes the Landlord to obtain a consumer credit report, to be used as a basis for determining the acceptance of this guaranty. Notice of acceptance of this guaranty is expressly waived.

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Landlord \_\_\_\_\_

Resident \_\_\_\_\_ Guarantor's Relationship to Resident \_\_\_\_\_

**Guarantor's Information**

Name (Please Print) \_\_\_\_\_ Date Of Birth \_\_\_\_\_

Address \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (H) \_\_\_\_\_ (M) \_\_\_\_\_ Email \_\_\_\_\_

SSN # \_\_\_\_\_ DL # \_\_\_\_\_ State Issued \_\_\_\_\_

\_\_\_\_\_  
Guarantor Signature (MUST BE NOTARIZED) \_\_\_\_\_ Date \_\_\_\_\_

This was sworn before me on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

The person above has either produced ID\_\_\_\_ or is personally know to me \_\_\_\_\_.

My commission expires on: \_\_\_\_\_

(notary stamp)

\_\_\_\_\_  
Notary