

**A Credit
Report Will
Be Obtained**

University Suites

**Must Be
Notarized**

Parental Guaranty

I/We the undersigned, do hereby guarantee to **University Suites**, all amounts which become due from

Name of Resident

Lease Term

Pursuant to the **University Suites** lease agreement including:

- 1) the rent for the full lease term to be paid on the 1st of each month and late fees to be paid as set forth in the lease.
- 2) loss, breakage, or damage to the unit's furnishings, fixtures, walls, ceilings, floor covering, upholstery, appurtenances, other than that caused by normal wear.
- 3) for any cleaning at the end of the tenancy and nonadherence to check-in/checkout policy.
- 4) reasonable attorney fees and all cost associated with enforcement of this Guaranty.
- 5) any other charges set forth in that lease.

The execution of this document is a material inducement for landlord to enter into a lease contract, and landlord is fully relying upon the due and valid execution by the persons whose name(s) are shown herein. Landlord reserves all recourse, civil or criminal, in the event of a false or forged execution hereof. Further, this agreement shall remain in effect for the entire term of the lease, or any subsequent lease, into which the resident has entered.

Guarantor's Signature _____ Date _____

Guarantor's Printed Name _____ SSN _____

Guarantor's Home Address _____

Guarantor's Place of Employment _____

Guarantor's Work Address _____

Guarantor's Phone (Home) _____ (Work) _____

Guarantor's DOB _____ Guarantor's E-mail Address _____

_____ County, North Carolina

I certify that the following person(s) personally appeared before me this day, each acknowledging to me that he or she signed the foregoing document: name(s) of principal(s).

Date: _____ Official Signature of Notary

Notary's printed or typed name, Notary Public

(Official Seal) My commission expires: _____



"Welcome to the Suite Life"
University Suites

2241 Technology Drive, Conway, SC 29526 • 843-349-1010

www.universitiesuites.net

University Suites

Rental Application

Name of Applicant _____ Date _____

Birthdate _____ College Major _____

I am a: Male Female Smoker Nonsmoker Freshman Sophomore Junior Senior

I prefer: Furnished Unfurnished

Current/School Address _____ City, State, Zip _____

Permanent Address _____ City, State, Zip _____

Current/School Phone No. _____ Cell# _____ Permanent Phone No. _____

E-Mail Address: _____ Social Security No. _____

Present Employer _____ Phone _____

Employer Address _____ City, State, Zip _____

Parent/Guardian Name(s) _____ Phone _____

Parent/Guardian Address _____ City, State, Zip _____

Parent/Guardian Employer _____ Phone _____

Previous Rental History:

Name of Management Co./Landlord _____ Phone _____

Former Address _____ City, State, Zip _____

Landlord Address _____ Landlord Phone _____

Rented from (date) _____ to (date) _____ Rental Rate \$ _____

Please list requested roommates

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

In case of emergency, notify _____ Phone _____

Nearest relative not living with you _____ Phone _____

(must be different from emergency contact)

I hereby state and represent that the information provided in this application is complete and accurate. I authorize University Suites to verify any and all information which may be required to evaluate this application. Applicant agrees to pay a nonrefundable application fee. A completed Parental Guaranty is required for individuals who do not qualify with sufficient income to rent the townhome. I understand the rules and regulations are adopted for the benefit of all residents and proper operations of the community and I agree that the residence will be subject to them.

The undersigned applicant has read and agrees to all provisions of this application.

Applicant Signature _____ Date _____

FOR OFFICE USE ONLY

Reservation Received _____ Rental Application _____ Unit No. _____

Resident Last Year _____ Previous Unit No. _____

