

EAST CAROLINA PROPERTY MANAGEMENT  
1071 SPRING FOREST ROAD, GREENVILLE, NC 27834  
(MAILING)P.O. Box 215, WINTERVILLE, NC 28590  
252-756-7797 PHONE, (252) 321-3677 FAX

E-MAIL [eastcarolinaprop@aol.com](mailto:eastcarolinaprop@aol.com)

PARENTAL GUARANTEE APPLICATION FOR RENT AND/OR DAMAGE

**\*\*Fill in amount of rent, please.\*\***

I, the undersigned, do here guarantee to East Carolina Property Management, Inc., full and timely payment of monthly rent in the amount of \*\*\$\_\_\_\_\_\*\*, and for the loss, breakage, or damage to the apartment's furnishings, fixtures, walls, ceilings, floor coverings, upholstery and appliances, other than that caused by normal wear and tear, and for any cleaning required at the end of tenancy of the identified apartment, which has not been paid through the use of the Security Deposit or by the residents. I further agree to pay any sums required within ten (10) days of any such sums. In addition, I certify that I am the parent or legal guardian of the below named resident. I also expressly waive any and all remedies or surety, including, but not limited to any rights provided under O. C. G. A. pp 10-7-1, et seq.

This GUARANTEE and its acceptance by East Carolina Property Management in no way changes or modifies any of the terms and conditions of the LEASE AGREEMENT entered into for the below identified apartment.

Leaseholder's Full Name (s) \_\_\_\_\_

\*Address Applied for: \_\_\_\_\_ Amount: \_\_\_\_\_

Parent/Responsible Party Full Name: \_\_\_\_\_

Address \_\_\_\_\_

Social Security Number \_\_\_\_\_ Home Tele.#: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Employer/Address: \_\_\_\_\_

City/State \_\_\_\_\_ Phone Number \_\_\_\_\_

Salary \_\_\_\_\_ Position: \_\_\_\_\_

Can calls be received during working hours Yes No

How long employed \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

Spouse's Full Name: \_\_\_\_\_

Address \_\_\_\_\_

Social Security Number \_\_\_\_\_ Home Tele.#: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Driver's License Number:: \_\_\_\_\_

Spouse's Employer/Address: \_\_\_\_\_

City/State \_\_\_\_\_ Phone Number \_\_\_\_\_

Salary \_\_\_\_\_ Position: \_\_\_\_\_

Can calls be received during working hours? Yes No

How long employed \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

Credit References:

Credit Card \_\_\_\_\_

2<sup>nd</sup> Credit Card \_\_\_\_\_

3<sup>rd</sup> Credit Card \_\_\_\_\_

Other Credit Sources \_\_\_\_\_

Phone Number if Applicable \_\_\_\_\_

(PLEASE DO NOT DISCLOSE ANY ACCOUNT NUMBERS)

**I UNDERSTAND THERE WILL BE A NON-REFUNDABLE APPLICATION FEE OF \$30.00 PER APPLICANT. I HEREBY AUTHORIZE EAST CAROLINA PROPERTY MANAGEMENT OR ITS OWNERS TO OBTAIN A CREDIT REPORT, EMPLOYMENT VERIFICATION, AND/OR RENTAL VERIFICATION.**

Applicant Signature: \_\_\_\_\_

Spouse's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

I, \_\_\_\_\_ a Notary Public in and for  
\_\_\_\_\_ County and State, do hereby certify that  
\_\_\_\_\_ personally appeared before me this day  
and acknowledged that he/she is the parent or guardian of the above named resident.

Witness my hand and Notarial Seal, this the \_\_\_\_\_ day of \_\_\_\_\_ 200\_\_.

My commission expires \_\_\_\_\_.

Notary Public