

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

www.eastcarolinaprop.com

PARENTAL GUARANTEE APPLICATION FOR RENT AND/OR DAMAGE

****Fill in full 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 expressively 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.#: _____

E-mail address _____ Cell phone#: _____

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.#: _____

E-mail address _____ Cell phone#: _____

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 _____

I UNDERSTAND THERE WILL BE A NON-REFUNDABLE APPLICATION FEE OF \$35.00 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: _____

Just in case we need to gather any additional information while processing your application, please include the following information:

Best contact number: _____

E-mail Address: _____

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 _____ 20____.

My commission expires _____.

Notary Public