

Eastern Property Management
2025 C Eastgate Drive, Greenville, NC 27858
Phone: (252) 321-3281 | Fax: (252) 551-7617 | Email: leasing@easternpm.com

Parental Guarantee

Resident's Name: _____

Guarantor's Name: _____

Guarantor's Street Address: _____

City, State, Zip: _____

Relationship to Resident: _____ **Email:** _____

Cell Phone: _____ **SS#:** _____

Driver's License # & State: _____ **Date of Birth:** _____

Employer: _____ **Work Phone:** _____

Employer's Address: _____ **Monthly Salary: \$** _____

Signature to be completed in the presence of Notary Public:

I, the undersigned, do hereby guarantee to Eastern Property Management, LLC full and timely payment of monthly rent and for the loss, damage or breakage to the apartments furnishings, fixtures, walls, ceiling, floor coverings, upholstery and appliances, other than caused by normal wear and tear, and for the cleaning required at the end of tenancy of the leased apartment which cost has not yet been paid though the use of the Security Deposit or by the tenants, I further agree to pay any fees required within ten (10) days of the invoice, as well as reasonable Attorney fees, court costs and/or collection of any such sums. Further, this agreement shall remain in effect for the entire term of the lease and/or any subsequent lease into which the resident has entered. *This guarantee must be notarized to be effective.*

This guarantee and its acceptance by Eastern Property Management in no way changes or modifies the Provisions of the Lease Agreement entered into.

I represent that the information given above is correct to the best of my knowledge and I hereby give Eastern Property Management the right to verify any of the above information including running a credit and/or criminal background investigation.

Guarantor's Signature: _____ **Date:** _____

Certificate of Acknowledgement:

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: _____.

Notary Public Signature: _____

Date: _____

County (venue): _____

Commission expiration: _____