

provisions of the Lease, or by reason of any extensions of time that may be granted by the Landlord to the Resident or by reason of any other accommodations, alterations, modifications or other indulgences granted by Landlord to Resident, whether or not the Guarantor has knowledge or notice thereof.

The Lease together with this Guaranty may be assigned by Landlord without notice to Guarantor. The assignment by Landlord of the Lease and/or the rents and other receipts thereof made either with or without the Guarantor's knowledge or notice shall in no manner whatsoever release the Guarantor from any liability hereunder.

All of the rights and remedies of Landlord under the Lease or under this Guaranty are intended to be distinct, separate and cumulative, and no such right or remedy therein or herein shall be construed as a waiver or exclusion of any other right or remedy available to Landlord.

This Guaranty shall be binding upon the heirs, administrators, executors, successors and assigns of the Guarantor and shall inure to the benefit of the Landlord, its successors and assigns.

It is also understood that Landlord, where required, will run a credit check on the Guarantor and a criminal background check on the Resident to determine application approval.

COHABITATION CLAUSE: THE UNDERSIGNED, AS PARENT OR LEGAL GUARANTOR OF THE RESIDENT:

(Please initial next to choice)

____ HEREBY CONSENTS TO THE RESIDENT'S COHABITATION IN THE SAME UNIT WITH A LESSEE OF THE OPPOSITE SEX

____ DOES NOT CONSENT TO THE RESIDENT'S COHABITATION IN THE SAME UNIT WITH A LESSEE OF THE OPPOSITE SEX

IN WITNESS WHEREOF, the undersigned Guarantor has executed this Guaranty of Lease this ____ day of _____, 20__.

WITNESS:

GUARANTOR 1

First Name: _____
Middle Name: _____
Last Name: _____
Address: _____

Telephone: (home) _____
Telephone: (work) _____
E-mail: _____
Employer: _____
Social Security #: _____
Driver's License _____
Date of Birth _____
Annual Income _____
Supplemental Income _____

WITNESS:

GUARANTOR 2

First Name: _____
Middle Name: _____
Last Name: _____
Address: _____

Telephone: (home) _____
Telephone: (work) _____
E-mail: _____
Employer: _____
Social Security #: _____
Driver's License _____
Date of Birth _____
Annual Income _____
Supplemental Income _____

STATE OF _____, CITY/COUNTY OF _____, to wit:

I HEREBY CERTIFY that on this ____ day of _____, 20__, before me, a Notary Public in and for the State and City/County aforesaid, personally appeared _____, who acknowledged the due execution of the foregoing Guaranty.

Notary Public
My Commission Expires:
(SEAL)



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ROOMMATE PROFILE

The following information will be used for roommate matching only. Please complete this form honestly so that you can reduce the likelihood of roommate conflicts during your residency.

Current Class Standing:	<input type="checkbox"/> Non-Student				<input type="checkbox"/> Graduate		<input type="checkbox"/> Senior		<input type="checkbox"/> Junior		<input type="checkbox"/> Sophomore		<input type="checkbox"/> Freshman	
Prefer to Live With:	<input type="checkbox"/> Males Only				<input type="checkbox"/> Females Only				<input type="checkbox"/> Co-Ed *					
* Opposite sex roommates require written approval from the Guarantor and other roommates.														
Name:						Major:								
Email Address:						Cell Phone: () -								
Requested Roommate(s)														
<input type="checkbox"/> I need to be roommate matched						<input type="checkbox"/> I have decided on the roommates listed below								
Roommate 1:						Phone Number: () -								
Roommate 2:						Phone Number: () -								
Roommate 3:						Phone Number: () -								
Roommate 4:						Phone Number: () -								
Apartment Preferences (For Example: Top Floor, Pool View, Bedroom D, etc)														
1.						2.								
3.						4.								
Smoking:	<input type="checkbox"/> I do NOT smoke *				<input type="checkbox"/> I prefer to live in a smoke-free environment				<input type="checkbox"/> I smoke					
* By selecting non-smoking, you acknowledge that smoking will not be permitted at any time in the apartment you are assigned and that failure to abide by the policy will require you to pay a fee and transfer to a smoking unit if one exists.														
Pets: (if applicable)	<input type="checkbox"/> I will have a pet				<input type="checkbox"/> I will not have a pet				<input type="checkbox"/> Not sure if I will have a pet					
<input type="checkbox"/> I am willing to live with a pet						<input type="checkbox"/> I prefer a pet-free environment								
Drinking:	<input type="checkbox"/> I drink often				<input type="checkbox"/> I drink on weekends				<input type="checkbox"/> I do not drink					
<input type="checkbox"/> I cannot drink. I am not of legal age.						<input type="checkbox"/> I prefer to live in an alcohol-free environment								
Noise:	<input type="checkbox"/> Quiet Person				<input type="checkbox"/> Average Person				<input type="checkbox"/> Loud Person					
I clean:	<input type="checkbox"/> Every Night				<input type="checkbox"/> Once a week				<input type="checkbox"/> Once a month		<input type="checkbox"/> Once a semester			
I cook:	<input type="checkbox"/> Every Night				<input type="checkbox"/> Once a week				<input type="checkbox"/> Once a month		<input type="checkbox"/> Once a semester			
I am:	<input type="checkbox"/> A morning person				<input type="checkbox"/> A night person									
I study:	<input type="checkbox"/> In my bedroom				<input type="checkbox"/> In the common area				<input type="checkbox"/> On-Campus					
<input type="checkbox"/> 0-2 times per week						<input type="checkbox"/> 3-5 times per week				<input type="checkbox"/> Daily				
Weeknights:	<input type="checkbox"/> Go out				<input type="checkbox"/> Study				<input type="checkbox"/> Have friends over					
<input type="checkbox"/> Go online						<input type="checkbox"/> Play video games				<input type="checkbox"/> Watch T.V.				





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Weekends:	<input type="checkbox"/> Go out	<input type="checkbox"/> Study	<input type="checkbox"/> Have friends over
	<input type="checkbox"/> Go online	<input type="checkbox"/> Play video games	<input type="checkbox"/> Watch T.V.

By signing below I confirm that the information provided above is an accurate indicator of my lifestyle and behaviors while at home. Also, I allow my contact information to be released to prospective roommates. Please note that **Jaguar Courtyard Student Housing Apartments** does not discriminate or violate any applicable law when roommate matching.

Applicant Signature: _____

Date: _____

Employee Signature: _____

Date: _____

