

**Palisade Property Management, LLC**

**LEASE AGREEMENT GUARANTY**

631 N Henry St – Madison, WI 53703

Phone: 608-257-7368 Fax: 608-294-7368

Resident's Name: \_\_\_\_\_

You, as Guarantor signing this Lease Agreement Guaranty, guarantee all obligations of the resident under the Lease Agreement for the residence located at \_\_\_\_\_ in \_\_\_\_\_, Wisconsin, which commences on \_\_\_\_/\_\_\_\_/\_\_\_\_ and ends on \_\_\_\_/\_\_\_\_/\_\_\_\_ for \$\_\_\_\_\_ per month.

If landlord delays or fails to exercise lease rights, pursue remedies, give notices, or make demands of you, as Guarantor, you will not consider it as a waiver of landlord's rights. All remedies against the resident apply to Guarantor as well.

**All residents and Guarantors are jointly and severally liable for the financial obligations of the Lease Agreement.**

It is not necessary for the landlord to exhaust all available remedies against the resident in order for you to be liable. Guarantor understands that, in the event resident extends the current lease, this Guaranty will apply to the lease extension.

You represent that all information submitted by you on this Guaranty is true and accurate. You authorize verification of such information via consumer reports and other means.

A facsimile signature by you on this Guaranty is just as binding as an original signature. It is not necessary for you, as Guarantor, to sign the Lease Agreement itself, nor be named on the Lease Agreement. If the landlord seeks to enforce this Guaranty, it shall be in the county where the above-listed residence is located and you agree to submit to that Court's jurisdiction. The lease is established between the tenant and the landlord. Any discussions about tenant's account will only be had between the landlord and the tenant, not the guarantor.

**THIS FORM MUST BE NOTORIZED AND FAXED TO 608-294-7368**

\_\_\_\_\_  
Printed Name of Guarantor

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Home Telephone Number

\_\_\_\_\_  
Work Telephone Number

\_\_\_\_\_  
Current Employer

\_\_\_\_\_  
Immediate Supervisor

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Signature of Guarantor

\_\_\_\_\_  
Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Birth

State of \_\_\_\_\_

County of \_\_\_\_\_

This instrument was acknowledged before me on \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public Signature

(seal)

\_\_\_\_\_  
Notary Public Typed or Printed Name

Residing at \_\_\_\_\_

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