

**THE LODGE OF ATHENS**  
**UNCONDITIONAL AND CONTINUING PARENTAL OR SPONSOR GUARANTY**

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\_\_\_\_\_  
Printed Name of Resident

1. This unconditional and continuing Parental or Sponsor Guaranty form must be signed in front of a NOTARY, or signed in the personal presence of the site Proprietor. The Guaranty must be returned to the site Proprietor within 72 (Seventy Two) hours, otherwise the resident will be in violation of the Rental Lease Agreement and Contract, and will not be permitted occupancy at The Lodge of Athens Apartments.
2. You are executing this Guaranty in consideration of Landlord providing an Apartment/Bedroom and Common Area facilities to Resident, as provided in any Lease document signed by the Resident named below. The Guarantor named below hereby guarantees payment of all sums due under any Lease signed by the Resident named below, **including all Lease renewals**, amendments, changes or re-assignments regarding the Apartment/ Bedroom accommodations, and further guarantee the performance of all Resident's obligations under the lease.

Guarantor Initial \_\_\_\_\_

3. If we, as the Landlord/ Owner of the premises, delay or fail to exercise Lease rights, pursue remedies, give notices, or make demands to the Resident or to you as the Guarantor, these will not act as a waiver of our rights as Landlord/ Owner. All of our remedies against the Resident apply to the Guarantor as well. The Resident and Guarantor are jointly and severally liable for payment of all amounts due. It is not necessary for us to sue or exhaust remedies against the Resident in order for us to pursue remedies against you as Guarantor. You agree that this Guaranty can be enforced where the Premises are located, no matter where you reside.
4. You represent that all information submitted by you on this Guaranty form is true and complete. Your execution of this Guaranty will act as your confirmation that your Gross Monthly Income is at least three (3) times the monthly Rent (as defined in the Lease) payable under the Lease. You authorize us to request and obtain consumer Credit Reports as needed, to qualify you as Guarantor. A facsimile signature by you on the Guaranty is just as binding as the original signature. The original Guaranty form must be provided to the Managing Agent within three (3) business days of our receiving the facsimile copy.
5. **NOTIFICATION OF GUARANTOR:** Management reserves the right to notify the Guarantor of the RENTAL LEASE AGREEMENT AND CONTRACT ("Lease") of any issues or concerns that management may have regarding obligations under the Lease. This contact shall only be made by the Site Proprietor or designee of the Site Proprietor. Guarantor acknowledges base rent desired, not guaranteed, by the applicant as noted on application for residency.

Guarantor Initial \_\_\_\_\_

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### RESIDENT INFORMATION

Resident: \_\_\_\_\_  
Printed Name

### PROPERTY:

\_\_\_\_ THE LODGE OF ATHENS

d/b/a The Lodge of Athens

211 North Avenue

Athens, GA. 30601

PH: (706) 549-1700 FAX: 549-1469

**Owner's Representative / Managing Agent:** Ambling Management Company, Inc.  
348 Enterprise Drive  
Valdosta, GA. 31601

**NOTE:** LOCATION ASSIGNMENT PENDING

**GUARANTOR INFORMATION** - Guarantor must be a parent or legal guardian or responsible party (proof required) aged twenty-one (21) years or older unless approved by management.

Name: \_\_\_\_\_ Soc. Sec. Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Printed Name

Address: \_\_\_\_\_ City / State / Zip: \_\_\_\_\_

Home Phone No.: ( ) \_\_\_\_\_ - \_\_\_\_\_ Date of Birth (m/d/y): \_\_\_\_/\_\_\_\_/\_\_\_\_

Work Phone No.: ( ) \_\_\_\_\_ - \_\_\_\_\_ Email Address: \_\_\_\_\_

Driver's License: \_\_\_\_\_ Issued by (State): \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Position / Occupation: \_\_\_\_\_

Monthly Household Income: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

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\_\_\_\_\_ Printed Name of Resident

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

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

Lodge of Athens Representative: \_\_\_\_\_ Date Signed: \_\_\_\_\_

### NOTARY PUBLIC

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

This instrument was acknowledgement before me this \_\_\_\_\_ (date) by \_\_\_\_\_ (name of person), who is personally known to me or who has produced \_\_\_\_\_ (type of identification) as identification

Notary Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

My Commission expires: \_\_\_\_\_ Serial Number: \_\_\_\_\_

**\* A notary signature is required only if this is not signed in the presence of a community agent.**