

# Guarantor Application

A \$30 non-refundable application fee is required for investigation  
Lease Contract Information

Applicant/Resident Name(s)  
\_\_\_\_\_

## Guarantor Information

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Driver License # \_\_\_\_\_ State \_\_\_\_\_ SS# \_\_\_\_\_  
Street Address \_\_\_\_\_ Apt \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Primary  
Telephone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_ Employer/Business  
Name Supervisor Name \_\_\_\_\_ Supervisor Telephone ( \_\_\_\_\_ ) --- \_\_\_\_\_  
Monthly gross income \_\_\_\_\_  
Do you own a home? \_\_\_\_\_ If yes, how long? \_\_\_\_\_

I represent that all information contained herein is true and complete. I authorize verification of the above information via consumer reports, rental history reports, and or any other means management deems necessary.

This form must be returned within five (5) business days after deposit receipt. Should this form not be returned within five (5) business days, the applicant/resident shall forfeit his or her deposit. A facsimile or electronic signature on this Guarantor Application is binding as an original signature.

Should the Applicant/Resident be approved for residency and execute a lease agreement, I agree to guarantee the full performance of any and all terms and conditions within the lease agreement.

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

\_\_\_\_\_  
**Date**

*After signing, please return the signed original of the Guarantor Preleasing application to:*

**Glenrock, 2730 Dave Ward Dr., Conway, AR 72034**

**P: 501.295.3244**

**F: 501.505.8061**

