

**MADISON CAMPUS RENTALS**  
**madisoncampusrentals.com**  
[madison.campus.rentals@gmail.com](mailto:madison.campus.rentals@gmail.com)

608-358-2269

**LEASE AGREEMENT GUARANTY**

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 Madison, Wisconsin, which commences on August 15, 2024 and ends on August 15, 2025.

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 the 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.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature of Guarantor                      Date                      Birthdate

\_\_\_\_\_  
Printed Name of Guarantor                      - - -  
Social Security Number

\_\_\_\_\_  
Home Address                      City                      State                      ZIP Code

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

\_\_\_\_\_  
Current Employer                      Immediate Supervisor

\_\_\_\_\_  
Street Address                      City                      State                      ZIP Code