CAPITAL PROPERTIES

A New Way of Living

2711 Allen Road • Tallahassee,FL 32310 • O. 850-386-1212 • F. 850-597-7456

Guarantor Application

GUARANTOR INFORMATION:

FULL NAME: _____ DATE OF BIRTH _____ SSN: _____
FIRST LAST M.I.

DRIVERS LICENSE STATE: _____ DRIVERS LICENSE NUMBER: _____

ADDRESS: _____ CITY _____ ST _____

PHONE: _____ ALTERNATE PHONE _____

EMAIL: _____

PRESENT EMPLOYER: _____ POSITION: _____ HOW LONG: _____

WORK PHONE: _____ EMAIL: _____ GROOS INCOME: _____

DO YOU OWN OR RENT YOUR HOME? _____ IF RENTING, NAME OF APARTMENT: _____

PROPERTY MANAGERS NAME: _____ PHONE: _____

BANK NAME: _____ CITY/STATE: _____

LIST MAJOR CREDIT CARDS: _____

TOTAL NUMBER OF DEPENDENTS UNDER THE AGE OF 18 OR IN COLLEGE: _____

WHAT RELATIONSHIP ARE YOU WITH THE APPLICANT: _____

ARE YOU OR YOUR SPOUSE A GUARANTOR FOR ANY OTHER LEASE? IF SO, HOW MANY? _____

HAVE YOU EVER BEEN EVICTED? _____ HAVE YOUR EVER BEEN CONVICTED OF A FELONY? _____

You represent that all information submitted by you is true and complete. You authorize verification of the above information via consumer reports, rental history reports, and other means. You acknowledge that our privacy policy is available to you. A facsimile or electronic signature on this Guaranty application will be binding as an original signature. We recommend that you obtain a copy of the Lease Contract and Lease Contract Guaranty, and read them. We will furnish you a copy of the Lease Contract and Lease Contract Guaranty upon written request.

_____
DATE OF SIGNING GUARANTOR APPLICATION

_____
SIGNATURE OF GUARANTOR

_____
SIGNATURE OF GUARANTOR'S SPOUSE (IF APPLICABLE)

FOR OFFICE USE ONLY:
Guarantor(s) information verified by:
Phone____ or in person_____ Date_____
Third party verification:
Requested (date) _____
Approved: Yes_____ No _____
If not, disclosure (date) _____
Phone_____ in person_____
Processed by:
_____

PHOTO ID REQUIRED TO PROCESS GUARANTOR APPLICATION