LOFGREN PROPERTIES LLC

GUARANTEE OF LEASE AGREEMENT

I accept responsibility for _____'s financial obligation
Tenant's Name
for the rent of _____. Rent amount of $_____
Address of Rental Unit

Lease term: _____

I, the undersigned, guarantee all obligations under the lease signed, including the payment of all rent amounts due, late fees, non-sufficient fund fees, etc….

_____ _____
Guarantor's Name (print) Guarantor's Signature

Date_____

Information of Guarantor

_____ _____
Relationship to Tenant Current Employer

_____ _____
Street Address Employer's Address

_____ _____
City/State/Zip Code Years with Employer

_____ _____
Telephone Driver's License with State

PO BOX 6473 · MADISON WI · 53716-6473
PHONE: (608) 222-0365 OR 347-0365 • FAX: (608) 222-7384
WEBSITE: LOFGRENPROPERTIES.COM