## **UNCONDITIONAL GUARANTY OF LEASE**

## CMG Leasing

Date:

In consideration of the making of the attached lease # \_\_\_\_\_ by CMG Leasing (Lessor) with the Lessee shown below, the Insurer hereby guarantees payment of the rent to be paid by the Lessee and the performance by the Lessee for all of the terms and conditions of the Lease and any renewal or extension thereof.

The Insurer authorizes the Lessor to obtain a credit report in connection with the Insurer's application to become a Resident/Co-signer of \_\_\_\_\_. The Insurer understands that the Lessor will provide the name of the reporting agency obtaining this information upon request.

I (We), \_\_\_\_\_ (Guarantor(s)), will be responsible for any financial obligation for rent related services or damage incurred by \_\_\_\_\_ (Lessee) at \_\_\_\_\_.

This Guaranty, which has been attached and has been incorporated by reference into the above referenced lease, shall continue and not be affected by amendments or changes in the lease which may be agreed to from time to time by Management and resident(s). Delay or failure by Management to exercise lease rights or to give any notice, demand or request to undersigned guarantor(s) shall not waive owner's rights under this Guaranty. This written guaranty is not required to be executed in the county or in the city where the dwelling unit is located, but it shall nonetheless be governed by and shall be construed under the laws of the Commonwealth of Virginia, including but not limited to Chapter 13.2 of Title 55 of the Code of Virginia (1950), as amended, generally known as the Virginia Residential Landlord and Tenant Act. The parties hereto further agree that the proper jurisdiction and venue for any litigation or disputes arising out of this written guaranty shall be in the jurisdiction where the property is located.

The undersigned Guarantor has caused this Guaranty to be executed on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

				uarantor Signature	Date	Date Date	
Site Manager Signature	Date		G	Guarantor Signature			
INI	FORMATION	N ON PA	ARTY(IES) S	IGNING THIS AFFIDAVIT			
Guarantor (Printed)		SS#		Guarantor (Printed)	SS#		
Address				Address			
City	State	Zip		City	State	Zip	
Home Phone		Date of Birth		Home Phone	Date of Birth		
Relationship to resident				Relationship to resident			
Employer	loyer		)	Employer	(pl	(phone)	
Position	S	alary	Years	Position	Sa	lary Years	
Address				Address			
City	State	Zip		City	State	Zip	
Email Address				Email Address			