

The Palisades at Pleasant Crossing Guarantor Application

Lease Contract Information

Resident Name(s)

**List only the resident(s) over whom Guarantor will take financial responsibility.

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? _____

You represent that all information submitted by you is true and complete. You authorize verification of above information via consumer reports, rental history reports, and above 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.

This form must be returned within five (5) business days of deposit. Without provided permissions if not returned in allotted time applicant forfeits said deposit.

Signature of Guarantor

Date

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

**The Palisades at Pleasant Crossing at 2901 S. 26th Place,
Rogers, AR 72758 P: 479-246-0746 F: 479-282-1833**

