

NORTHLAND GUARANTY OF LEASE ADDENDUM

____ (“Guarantor”), understands that ____ Apartment Homes (“Owner”) will lease a residential dwelling to the Leaseholders (“Resident”) of apartment number ____ as listed below, for a term beginning on or about _____, subject to my signing this guaranty.

Resident’s Name: _____
Resident’s Name: _____
Resident’s Name: _____
Resident’s Name: _____

Guarantor unconditionally guarantees the payment of all of the rents and full performance and observance of all of the terms of the Lease by the Residents’ names above and all occupants. This guaranty will continue in effect as to any renewal or modification of the foregoing Lease and any assignment or transfer by the Owner or Resident, or any subleasing, whether or not Guarantor receives any notice of or consents thereto.

Failure of the Owner to insist upon strict performance or observance of any of the terms of the Lease or to exercise any right will not diminish the enforceability of this guaranty.

The Guarantor further agrees that liability under this guaranty shall be primary and that with respect to any right of action which may accrue to the Owner under the foregoing Lease, or this guaranty, Owner may, at Owner’s option, proceed against the Guarantor without first making demand against the Resident(s) and without first bringing action against the Resident(s), and without joining the Resident as party-defendants. Guarantor further agrees that in any action brought by Owner against Resident(s), the Guarantor need not be joined as party-defendant.

All terms and provisions herein shall inure to the benefit of the successors and assigns of the Owner and shall be binding upon the heirs, personal representatives, successors and assigns of the Guarantor.

Guarantor agrees to waive trial by jury of any issues arising out of or related to this guaranty.

IN WITNESS WHEREOF, the undersigned has affixed his or her signature this _____ day of _____, 20__.

NOTARY SEAL:

Guarantor

Signature

Printed Name

Address

Social Security Number

Date of Birth

Witness

Date

Signature of Owner’s Representative

Date

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This Application will only be accepted and considered if it is completely filled out and there are no blank spaces or alterations. Write "None" or "Not Applicable" if that is the response. *

Cosigner application for: _____
(Name of prospective lessee)

Your relationship to lessee applicant: _____

You're Name: _____

Employer: _____
(If self-employed, please attach copy of previous year's personal income tax return and previous two months personal bank statements as evidence of sufficient income.)

Employer Address: _____

Telephone Number: _____

Position: _____

Length of employment; _____

Yearly Salary \$: _____

Source of other income: _____

Amount \$ _____

The undersigned warrants and represents that all statements herein are true and grants the owner and management of Cliffside Apartment Homes permission to verify all information contained herein. Signed under the pains and penalties of perjury.

Signature: _____

*****THIS DOCUMENT MUST BE NOTARIZED*****

Please return original notarized form to:

Cliffside Apartment Homes
248 Amherst Road
Sunderland, MA 01375
Ph: 413.665.3958
F: 413.665.8267
cliffsideapts@northland.com