



CROSS PROPERTIES

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RENTAL GUARANTEE

Tenant's Name _____

Apartment Address _____

This is to certify that I/we guarantee the rent payments for the above-named tenant should he/she fail to meet their obligations under the terms of the lease.

Parent/Guardian _____
Signature

Please Print Name _____

Relationship to Tenant _____

Street Address / P.O. Box _____

City, State and Zip Code _____

Telephone _____

Date _____