

# COSIGN AGREEMENT

THIS FORM **MUST** BE **NOTARIZED**, AND **CANNOT BE ALTERED**. PLEASE RETURN THIS FORM WITH THE **ORIGINAL SIGNATURE AND NOTARY SEAL** – WE WILL NOT ACCEPT AN ALTERED, FAXED, EMAILED OR COPIED FORM/SIGNATURE.

For: \_\_\_\_\_

Apartment: \_\_\_\_\_  
Bowling Green, OH 43402

Managed by: **Greenbriar**  
**445 East Wooster Street**  
**Bowling Green, Ohio 43402**  
**(419)352-0717**  
*(If Mailing Please Return to this address.)*

In consideration of the execution and delivery of an apartment lease executed on behalf of myself/ourselves, as Guarantor(s), and the below named Lessee, I/we hereby guarantee the prompt payment of the rent therein reserved and the full performance of the agreements therein contained on the part of the Lessee to be performed. This guarantee is a continuing guarantee and shall remain in full force and effect during the initial term and any other extensions, renewals/continuations, or modifications of the Lease or any subsequent agreement with Lessee as a party, and after termination of the Lease or subsequent agreement caused by Lessee's default.

I/we understand by signing this guaranty that, if Lessee should default on the rent payments or should breach the terms of said lease or subsequent agreement involving Lessee, I/we are legally liable as guarantor/guarantors for any and all liability for which Lessee would be legally obligated as a result of said Lessee's default or breach.

This guaranty is absolute and unconditional.

**THIS SECTION TO BE COMPLETED IN ITS ENTIRETY BY THE COSIGNER IN FRONT OF A NOTARY.**

\_\_\_\_\_  
Cosigner's Signature

\_\_\_\_\_  
Name of Lessee (The individual for whom you are cosigning)

\_\_\_\_\_  
Cosigner's Printed Name

\_\_\_\_\_  
Relation to Lessee

\_\_\_\_\_  
Cosigner's Employer Name

\_\_\_\_\_  
Cosigner's Home Address (please print)

\_\_\_\_\_  
Cosigner's Employer Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Cosigner's Social Security #\*:

\_\_\_\_\_  
Cosigner's Date of Birth (mm/dd/yy):

\*We **require** your social security number. Your social security number shall only be used in the collection of rent or damages.

Sworn to before me and subscribed in the presence this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature – Notary Public

\_\_\_\_\_  
Printed Name of Notary (Required)

\_\_\_\_\_  
Expiration Date of Notary Commission (Required)

\_\_\_\_\_  
Telephone Number of Notary (Required)

**NOTARY SEAL NEEDED**

RedBy \_\_\_\_\_