

**BROWN HEIGHTS PROPERTIES**  
**BILL BROWN & SON APTS**

285 Hwy. 105 Ext.  
Boone, NC 28607  
Phone: 828-264-1713  
**Fax: 828-262-5399**

**PARENTAL GUARANTEE**

Dear Parents/Guardians,

We are pleased that your son/daughter has chosen to live in our rental facilities. We strive to run a personal, yet professional, rental business.

Over 95% of our rentals are geared towards students of Appalachian State University. Most are attending school full-time and produce a small amount of income. Due to Boone being a college town, most non-students do not reside in our area for very long. For these reasons, our requirements are that all tenants and all roommates have this Parental Guarantee Form **completed, notarized, and turned in.** THIS FORM IS MANDATORY IN ORDER TO LEASE WITH OUR COMPANY. We appreciate your participation and prompt attention to this matter. Please return this form to your son/daughter once it has been completed. When all roommates have their forms completed, they are to call our office to make an appointment to sign the actual leasing contract.

Please note that this guarantee form is non-dated and will be valid for as many years as the tenant leases with our property. If the tenant moves to another rental unit that we own or manage, this form will also transfer.

I guarantee payment of rent for (tenant's name) \_\_\_\_\_.

I take full responsibility for all terms stated in the leasing agreement. I am aware that the leasing contract is for at least 12 months. I understand and will guarantee payment for the entire dates listed on the rental contract whether the tenant is living in the rental unit or has moved out. I will also be responsible for any damage which may occur and all policies, rules, and regulations for this property.

We like for all tenants and their parents to be aware that signing a legally binding contract is very serious and has nothing to do with their ASU schedule or date of graduation. The lease is for at least 12 months regardless if tenants graduate early or does an internship or simply moves out, all parties agree to pay for the dates on the contract.

If our company is required to pursue past due payment or damages on your account via the court system or a collection agency, parents/co-signers and tenants agree to pay in addition to the rent/damages, all legal fees, court costs and an additional 40% charge for collection agency fees for failure to pay rent or damage for the following; non-payment, eviction, or simply moving out of the apartment.

I am aware that management does **not** allow animals (including visiting animals) on the property at any time. I, the parent/co-signers, agree to leave my animal at home when visiting my son/daughter.

Parents/Co-Signers understand that tenants are to keep their apartments in a clean and sanitary condition. Management will not tolerate animals, unsanitary conditions, excessive noise, and/or parties and will fine and evict if necessary. Parents/Co-Signers understands that eviction does not release them or their son/daughter from any financial responsibility.

Social Security Numbers are required, they are not given out unless they are needed for references, past due collection of rent or unpaid damages, we file this form immediately and our office uses an alarm system to protect our documents.

**To Be Completed By Parent(s):**

Father's Name or Co-Signer (Print) \_\_\_\_\_

(Signature)\_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone # ( ) \_\_\_\_\_ - \_\_\_\_\_ Work Phone # ( ) \_\_\_\_\_ - \_\_\_\_\_

Employed By \_\_\_\_\_ Position \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone# \_\_\_\_\_

Mother's Name or Co-Signer (Print) \_\_\_\_\_

(Signature)\_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone # ( ) \_\_\_\_\_ - \_\_\_\_\_ Work Phone # ( ) \_\_\_\_\_ - \_\_\_\_\_

Employed By \_\_\_\_\_ Position \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone# \_\_\_\_\_

**Notary Public Signature & Seal**

State \_\_\_\_\_ County of \_\_\_\_\_

I, \_\_\_\_\_, Notary Public, do hereby certify that (name of individual(s) listed above personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

Witness my hand and official seal this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Official Signature of Notary

Notary Public (Official Seal)

My commission expires: \_\_\_\_\_