

**WGP PROPERTIES  
1025A E. FIRETOWER ROAD  
WINTERVILLE, NC 28590  
252-756-6616 FAX 252-321-7586**

**PARENTAL GUARANTEE FOR RENT AND / OR DAMAGES**

I THE UNDERSIGNED DO HEREBY GUARANTEE TO WGP PROPERTIES FULL AND TIMELY PAYMENT OF MONTHLY RENT IN THE AMOUNT OF \$\_\_\_\_\_ AND FOR THE LOSS , BREAKAGE OR DAMAGE TO THE APARTMENT FLOORING., WALLS, FIXTURES, APPLIANCES, OTHER THAN THAT CAUSED BY NORMAL WEAR AND TEAR, AND FOR THE CLEANING REQUIRED AT THE END OF TENANCY OF THE IDENTIFIED APARTMENT ABOVE AND BEYOND THE SECURITY DEPOSIT. I FURTHER AGREE TO PAY ANY SUMS REQUIRED WITHIN TEN (10) DAYS OF RECEIPT OF THE INVOICES, AS WELL AS REASONABLE ATTORNEY FEES AND COURT COSTS REQUIRED IN THE COLLECTION OF ANY SUCH SUMS. I CERTIFY THAT I AM THE PARENT OR LEGAL GUARDIAN OF THE BELOW TENANT.

**Please submit \$30 processing fee with this application.**

THIS GUARANTEE AND ITS ACCEPTANCE BY WGP PROPERTIES IN NO WAY CHANGES OR MODIFIES ANY OF THE TERMS AND CONDITIONS OF THE ORIGINAL LEASE AGREEMENT ENTERED INTO FOR THE BELOW IDENTIFIED APARTMENT.

APARTMENT LOCATION \_\_\_\_\_ TENANT \_\_\_\_\_

NAME OF PARENT \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_, \_\_\_\_\_(state) ZIP \_\_\_\_\_

TELE. # ( ) \_\_\_\_\_

**SOC. SEC #** \_\_\_\_\_ **DATE OF BIRTH** \_\_\_\_\_

EMPLOYER \_\_\_\_\_ LOCATION \_\_\_\_\_

DATE EMPLOYED \_\_\_\_\_ Position \_\_\_\_\_

Supervisor \_\_\_\_\_ Supervisor's phone # (\_\_\_\_\_) \_\_\_\_\_

Salary \$ \_\_\_\_\_ per \_\_\_\_\_

**If self employed, please enclose copy of last years tax return**

Other verifiable income \$ \_\_\_\_\_ per \_\_\_\_\_

I REPRESENT THAT THE INFORMATION GIVEN ABOVE IS CORRECT AND DO HEREBY GIVE WGP PROPERTIES THE RIGHT TO VERIFY THE ABOVE INFORMATION AND TO CHECK MY CREDIT HISTORY.

SIGNED: \_\_\_\_\_ DATE \_\_\_\_\_

I, \_\_\_\_\_, A NOTARY PUBLIC IN AND FOR \_\_\_\_\_ COUNTY AND STATE OF \_\_\_\_\_, DO HEREBY CERTIFY THAT \_\_\_\_\_ PERSONALLY APPEARED BEFORE ME THIS DAY AND ACKNOWLEDGED THAT HE/SHE IS THE PARENT OR LEGAL GUARDIAN OF THE ABOVE NAMED TENANT.

WITNESS MY HAND AND NOTARY SEAL, THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 19\_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC MY COMMISSION EXPIRES \_\_\_\_\_