

# PERSONAL GUARANTY BY PARENT OR SPONSOR

DO NOT CHANGE OR ALTER THIS DOCUMENT

The undersigned, as \_\_\_\_\_ of Lessee, in order to induce Circa Properties, LLC  
(Relation)

to lease an Apartment Unit to \_\_\_\_\_, hereby guarantees to said Entity the performance of the above named Lessee and all their duties and obligations under such Lease and the prompt and unconditional payment of each and every obligation of Lessee under the terms of the lease.

The undersigned Guarantor consents that the obligation of Lessee for the liabilities hereby guaranteed may be renewed, extended, modified, or released, or surrendered, all without affecting the obligations of the undersigned Guarantor. This Guaranty shall be construed as an absolute and unconditional Guaranty of payment and shall continue after the term of said Lease until all obligations and payments of Lessee are fully satisfied. Lessor may enforce this Guaranty without being obligated to resort first to any security or any other remedy against Lessee.

This Guaranty is general and shall inure to, and may be relied upon and enforced by, any successor or assign of Lessor. The obligations of Guarantor shall be binding upon Guarantor and their successors and assigns. Guarantor consents that any proceedings to enforce this agreement or related rights may be brought before the court sitting in the judicial district or circuit in which the apartments are located, and Guarantor consents to personal jurisdiction of such courts and agrees that they may be served with process by certified mail addressed to them at the address shown below or by any other means of constructive service permitted by the Florida Rules of Civil Procedure.

Guarantor represents and warrants that the following information is true and correct, and authorizes the verification of information and credit by reasonable means (Equifax).

GUARANTOR NAME \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_ SS# \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_ PHONE# \_\_\_\_\_

\_\_\_\_\_  
GUARANTOR SIGNATURE

\_\_\_\_\_  
WITNESS SIGNATURE

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

at \_\_\_\_\_ County \_\_\_\_\_.

Mail to:

Looking Glass Leasing Office  
111 NW 16th St. Bldg A, unit 1  
Gainesville, FL 32603  
Phone (352) 376-1111, Fax (352) 376-1184

\_\_\_\_\_  
Notary Public or Deputy Clerk  
My Commission Expires 20\_\_\_\_\_