

Homestead Properties

Personal Guarantor of Rent

I \_\_\_\_\_, assume financial responsibility for  
(Parent/Guardian) (Please print)

\_\_\_\_\_ who will be residing at a property  
(Son/Daughter/Other) (Please print)

located at \_\_\_\_\_, \_\_\_\_\_, RI. for the

term of the fully executed Rental Agreement in which he/she has entered into and this addendum will become a part of. I also guarantee that the above named party to the lease will perform all terms and conditions of said lease which will be governed by the laws of the state of Rhode Island. If the above named party to the lease fails to pay rents and fees and to perform the tenant's part of the lease according to the state of Rhode Island, the above named guarantor will perform same.

Guarantor Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_  
E-Mail address \_\_\_\_\_ Employer \_\_\_\_\_  
Employer Address \_\_\_\_\_  
Guarantor Signature \_\_\_\_\_ Date \_\_\_\_\_

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

In \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
Before me personally appeared \_\_\_\_\_  
to me known and known by me to be the party executing the foregoing instrument,  
and acknowledged said instrument, to be a free act and deed.

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

Please note: **THIS FORM MUST BE NOTARIZED.**  
The form can be faxed to our office; however, we will need to be supplied with the original copy. Please fax and mail to the address and fax number below.

Homestead Properties, P.O. Box 736, Narragansett, RI 02882  
Fax 401-782-2055