

ATH BEST RENTALS, LLC

PO Box 48701
Athens, GA 30604
770-833-5096

In consideration of Lessor, Ath Best Rentals, LLC. Leasing Unit# _____
located at _____ Athens, GA 30605 Date: / ____ / ____ / ____

To my son/daughter, Name: _____ do hereby GUARANTEE to the Lessor and his heirs, successors,
and assigns, the payment of rent by son/daughter as Lessee in a Lease dated the ____ day of _____, 20__ for the foresaid Unit.

In addition, I/We GUARANTEE performance by Lessee of all provisions of foresaid Lease including payments of any damages which foresaid Unit may incur during the lease periods. I/We further waive all notice of default and my/our further consent is granted for all extensions of the Lease time that Lessor may grant the Lessee. I/We further agree to pay all of Lessor's expenses, including reasonable attorney's fees, incurred in enforcing the Lease provisions and/or enforcing the GUARANTEE.

AUTHORIZATION RELEASE FORM: I/We certify that the name, social security number, and address(s) given are true and correct to the best of my knowledge. You are hereby authorized investigation of my/our personal and financial history and pull a credit report through any credit reporting agency. I/We hereby authorize the release of all information, including credit, employment, salary and rental information to any credit reporting agency. I/We am/are willing to allow a photocopy of this authorization be accepted with the authority as the original.

Father/Guardian

Mother/Guardian

Name Email Address

Name Email Address

Date of Birth Social Security Number

Date of Birth Social Security Number

Home Address

Home Address

Cell Phone Home Phone

Cell Phone Home Phone

Monthly Income Yearly Income

Monthly Income Yearly Income

Employer Phone

Employer Phone

Employer Address

Employer Address

Signature

Signature