

Proof of annual income of market rent X 60 required = \$\_\_\_\_\_

## GUARANTOR APPLICATION

Date \_\_\_\_\_ Apt # \_\_\_\_\_ Monthly Rental \$ \_\_\_\_\_ Application fee \$ \_\_\_\_\_  
Lease Term \_\_\_\_\_ Lease Start Date \_\_\_\_\_ Move-in Fee \$ \_\_\_\_\_  
Security Deposit \$ \_\_\_\_\_ (One Month's Market Rent) Parking \_\_\_\_\_  
Leasing Consultant \_\_\_\_\_ Special Provisions \_\_\_\_\_

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**Guarantor application for \_\_\_\_\_\***

**\* All applicants that require a guarantor must pay a One month's Security Deposit, which is due at lease signing.**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Social Security # \_\_\_\_\_ Photo ID# \_\_\_\_\_  
Present Employer \_\_\_\_\_ Work Telephone # \_\_\_\_\_  
Address \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Income \$ \_\_\_\_\_ Employed as \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_  
Supervisor's Name \_\_\_\_\_ Telephone # \_\_\_\_\_

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Current Address \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone # \_\_\_\_\_ Occupancy Dates \_\_\_\_\_ to \_\_\_\_\_  
Landlord's Name \_\_\_\_\_ Landlord's Telephone # \_\_\_\_\_  
Rental amount \$ \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

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Previous Address \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone # \_\_\_\_\_ Occupancy Dates \_\_\_\_\_ to \_\_\_\_\_  
Landlord's Name \_\_\_\_\_ Landlord's Telephone # \_\_\_\_\_  
Rental amount \$ \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

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I/we here by apply to lease the aforementioned premises for the term set forth. I/we certify that the information given in this application is true to the best of my/our knowledge and I/we have not knowingly withheld any fact or circumstances which would, if disclosed, affect my/our application unfavorably. I/we also understand that it is the policy of Paradigm Management Company to permit a maximum of two (2) persons per bedroom and agree to abide by the policy.

I/we recognize that as part of the procedure for processing my/our application an investigative consumer report may be prepared and verified through personal interviews. I/we authorize these sources to release such information to Paradigm Management Co. I/we understand that my/our lease may be cancelled if any of the above information is deemed to be false or misleading. Additionally, it is understood that information obtained during the application process may be used to collect future debts owed.

Signature of Guarantor \_\_\_\_\_ Date \_\_\_\_\_

## Guarantor's Statement

I/we, the undersigned, do hereby guarantee to Meridian at Carlyle, LLC d/b/a the Meridian at Carlyle, the Landlord, the full and timely payment of rent and other charges set forth under the lease for the initial term of the lease and any subsequent renewal terms on behalf of the following lessee (s):

\_\_\_\_\_.

In addition, I/we understand I/we are also responsible for any payment due to damage, loss or breakage to the apartment's furnishings, equipment and fixtures, other than that caused by normal wear and tear. The monthly rent for the initial lease term is \$\_\_\_\_\_ for apartment #\_\_\_\_\_ located at 401 Holland Lane, Alexandria, VA 22314.

I/we understand that if I/we fail to make payments on behalf of the lessee(s), in accordance with the terms of the lease, and no effort is made to satisfy the outstanding debt(s), the delinquent account will immediately be referred to a collection agency and/or attorney for collection and will be subject to the jurisdiction of Virginia courts. Liability will include all expenses incurred in the collection process, including reasonable attorney's fees and court costs.

Name (s) of Lessee: \_\_\_\_\_

Lessee: \_\_\_\_\_

Guardian/Guarantor: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Guarantor's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone (H) : \_\_\_\_\_ (W): \_\_\_\_\_

Area code/number

Area code/number