Baughman Property Management, LLC. P.O. Box 22173 Lexington, Ky. 40522-2173 (859) 457-1106 (O) Kim@BaughmanProperties.com LEASE GUARANTEE

| The undersigned | |
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| | ("Landlord") to enter into a lease and any successor lease ("Lease") with |
| | ("Resident"), hereby guarantee each and all of Resident's duties under the |
| | Landlord would not enter into the lease without this Guarantee. Landlord |
| | ors without first proceeding against Resident or exhausting any remedies |
| _ | earance or leniency extended by Landlord to Resident shall discharge |
| _ | t at all times they will be liable not withstanding any extension, |
| - | standing the fact that the Guarantors have had no notice of any such |
| | andlord and Resident, without notice or consent by Guarantors, may at |
| | the Lease without this guarantee being released or affected, and the |
| | ors with respect to the lease as so modified. Neither the Guarantors' |
| | orcement thereof shall be impaired, released or limited in any manner |
| | limitation of the liability of Resident or its trustee or receiver in |
| | enforcement thereof resulting from the Federal Bankruptcy Act or other |
| | cision of any court. Guarantors further agree to be bound, jointly and |
| severally with the same force and effe | ect as if they were named as the Resident in such lease. |
| Apartment # | Date |
| D :1 / | |
| Resident | |
| Guarantor | |
| Home Address | City, State, ZIP |
| | |
| Number of Years at Home Address | |
| Home Telephone # | Email |
| Social Security # | Date of Birth |
| | |
| Employer Name and Address | |
| | Date of hire |
| | |
| Position | Annual income \$ |
| I represent that the information given | above is correct and I hereby give Baughman Property Management, |
| LLC, the right to verify and check the | e above information and references. |
| Guarantors | |
| | Notary Public |

| Commission Expires | |
|--------------------|--|
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