



PARENT GUARANTEE FORM



Student / Tenant Name:	Property Address:	Unit/BR#:	(HPM Property Code)

Guarantor #1: Last Name	First Name	Middle Initial	SocialSecurity# (required)	Date of Birth:

Street Address	City	State	ZipCode	Mobile Phone	Work Phone	Email Address:

Guarantor #2: Last Name	First Name	Middle Initial	SocialSecurity# (required)	Date of Birth:

Street Address	City	State	ZipCode	Mobile Phone	Work Phone	Email Address:

Employer	Position/Title	Street Address	City	State	ZipCode	Pay/Hr	Salary/Yr

Estimated Rent/Month \$ x 12Months = Total Lease \$ Relationship to Tenant/Student:

Parent(s) / Guarantor Agreement:

"I/We unconditionally and absolutely guarantee payment of all rents and other charges under the Lease Agreement and any successive lease renewals for the tenant/student and property named above. I understand and agree that the Lease Agreement provides that the tenants are both jointly and severally responsible for the payment of rent and other charges including but not limited to late fees, repair costs for damages, fines by a HomeOwners Association (HOA) plus attorney & collections fees incurred in enforcement of the lease."

"I/We authorize Holmes Property Management LLC to run my/our Credit Report and to investigate all information given plus secure more Information as verification of employment, personal/employment references, landlord references, criminal reports and other sources."

X _____ X _____
Signature of Guarantor #1 Date Signature of Guarantor #2 Date

This Document must be Notarized below to be Valid!

A licensed Notary must confirm your identity and witness your signature(s).

IN PERSON – Banks, Financial Institutions | ONLINE – Notarize.com or Other Services

Guarantor: Enter Info Online, Print Form, Notarize, Email to Billing@HolmesPropertyMgmt.com

RentUTK.com / Holmes Property Management LLC, PO Box 1335, Morristown TN 37816-1335

1-865-444-4065 Billing@HolmesPropertyMgmt.com Text: 267-419-6914

RentUTK.com is Not Affiliated with The University of Tennessee
Parent Guarantee.docx Nov 11 2025 rh

STATE OF _____

COUNTY OF: _____

Personally appeared before me: _____

with whom I am personally acquainted, or have shown proper identification and who acknowledged that he/she/they executed the within instrument for the purposes therein contained.

Witness my hand and official seal this the _____ day of _____

NOTARY PUBLIC

My Commission Expires _____