

Bluegrass Rental Properties

Co-SIGNER RESPONSIBILITY FORM

Co-Signer: _____

SS# (REQUIRED): _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ Work Phone: (____) _____

Cell Phone: (____) _____ E-Mail Address: _____

Employer: _____

Employer Address: _____

City: _____ State: _____ Zip: _____

Co-signer unconditionally and absolutely guarantees the payment of all rents and other charges pursuant to a Lease Agreement for _____, Lexington, KY 40508 leased by _____ (hereinafter "Tenant").

Co-signer understands and agrees that the Lease Agreement provides that the Tenant is responsible for the payment of rent and other charges; and that Bluegrass Rental Properties, LLC (including its subsidiaries Bluegrass Commons, LLC and Medical View Properties, LLC) will not be obligated to exhaust any remedies against the Tenant as a condition of enforcement of this guaranty.

Co-signer understands and agrees that this co-signer responsibility form shall survive and carry forward if Tenant executes a Lease Extension Agreement and extends his/her tenancy with Bluegrass Rental Properties (including its subsidiaries as noted above) beyond the original Lease Agreement term.

Co-Signer Signature

Date

State of _____

County of _____

Personally appeared before me, _____, which whom I am personally acquainted, or have shown proper identification and who acknowledged that he/she executed the within instrument for the purposes therein contained.

Witness my hand, at office, this _____ day of _____ 20_____.

My Commission Expires: _____

NOTARY PUBLIC