

## **GUARANTOR AGREEMENT**

Guarantor's Personal Details		
Name:		_
Telephone:		=
Mobile:		=
Email:		=
Address:		=
Post Code:		=
Time at current address:		_
Status:	Owner / Other	
<b>Employment Details</b>		
Status:	Employed / Self Employed / Retired	
Company Name:		_
Company Address:		_
Post Code:		=
Job Title:		=
Start Date:		_
Telephone Number:		-
<u>Declaration</u>		
To: (landlord name)		
In consideration of your agreeing to acc	ept(tenar	nt name) as
Tenant of the premises known as	(prope	erty address)
administrators and assigns and the owner of the the tenant and any reduced rent or as same malegal possession of the said premises shall be deand assigns and the owner of the said premises. Fixtures and Effects by the tenant or through homolitions on the part of the tenant in the above rent or possession of the said premises and sho issued or Eviction Decree obtained in respect of without my knowledge my liability under this guant new tenancy thereby created nor shall my amount due by him or agreeing to accept sthereunder be affected by the bankruptcy of t	cors administrators and assigns guarantee to you and you be premises for the time being the punctual payment of the same by be varied by law and for mesne rates that may accrue due divered up and I agree to indemnify you and your heirs execut as for the time being from all loss damage done to the said Finis negligence or by reason of the non-fulfilment of any of the agreement contained and for all costs of proceedings for the said Notice to Quit be served by the Landlord or Tenant or Epis fithe said premises and afterwards withdrawn or waived by elearantee shall not be affected, it shall remain in full force and all liability under this guarantee be affected by giving the tenant ame by instalments nor shall this guarantee be determined the tenant. And if the tenancy shall be continued or extended terms. And if this guarantee is signed by more than one process.	aid rent payable by until full clear and cors administrators Premises Furniture he stipulations and he recovery of the ectment Summons ither party with or effect in respect of nt time to pay the ed or my liability ed or renewed my
Signed:	Date:	

NB: Please provide a copy of photographic identification and proof of address (utility bill). You may print and complete the form and return by email to the appropriate agent.



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