



Cosigner Form

Resident Information

Name of Resident _____

Leasing the Property Address: _____

Cosigner Information/Guarantor Information

Name: _____ Relation to Resident: _____

Address: _____ SS#: _____
[Street]

_____ Driver's license # _____
[City] [State] [Zip]

Date of Birth: ___/___/___ Daytime Phone: _____ Evening Phone: _____

I, the undersigned, hereby agree to be jointly and severally liable for all obligations incurred by the resident named above pursuant to his or her lease agreement with either Daniel S. Lyons, Celtic Property Investments, LLC, or Pixel Property LLC (whichever owns the leased premises), heretofore stated as "Landlord", and any future extension or renewal of a lease agreements with Landlord. By my signature, I acknowledge receipt of a copy of said lease, and that I have read and understand same.

I further agree, by my signature hereon, that delivery or service of notices to the Resident pursuant to the lease of pursuant to Florida Statute 83 (Landlord-Tenant Act) shall be binding upon me as if personally delivered to or served upon me and that any action brought hereon may be brought in Alachua County, Florida.

Cosigner/Guarantor: _____ Date: _____
[Please Sign]

Landlord or Agent: _____ Date: _____

***If this document is signed in the absence of Landlord or Landlord's Agent, a Notary Public must witness it.**

Notary Public Information

BEFORE ME, the undersigned authority, _____, personally appeared to me, well known and known to me to be the person named above and who executed the foregoing agreement, and acknowledged to and before me that he or she executed said agreement for the purpose therein expressed.

WITNESS my hand and official seal this _____ day of _____, 20____

Notary Public: _____ Date Commission Expires: ___/___/___