## **Indemnitor Agreement-David Scarry**

Rental Address:	Tenant Name:
Indemnitor Name:	Relationship to Tenant:
Birth Date:	Drivers License #
Current Residence Address:	
How long at current address:	Do you <u>rent</u> or <u>own</u> your home? (Circle one)
Home Phone:	Work Phone:Email:
Current Employer:	Position:
Work address:	
Length of current employme	nt: Monthly Gross Income:
Other Sources of Income:	
Bank Name:	
List one Emergency Contact	Family or Friend (must live at a different address):
Name:	
Phone:	Address:
agreement of the above named including but not limited to, act guarantee; that the undersigned statutory notices required by larrequested on the above informat master lease. A copy of the least Interest on any obligations past commencing with the date the commencing with the date that arising out of, or related to the Luis Obispo County, California	venue for any legal action instituted by either Indemnitor or Owner based upon, Lease and/or this Addendum thereto shall lie exclusively with the courts of San
I have read and understand the	ne above statement.
Signature:	Date:

Please mail or drop this form at 956 Walnut Street, Suite 200, San Luis Obispo, CA 93401.