



THIS FORM MUST BE SIGNED, DATED AND NOTORIZED

This form verifies that I / we assume financial responsibility on behalf of my / our son or daughter _____, in the event of damages, loss of rents, and/or attorney fees for the rental property at _____, San Diego, CA which he / she will be renting.

Signed: _____

Relationship to Renter: _____ Date: ____/____/2009

Print Name: _____

Address: _____

Phone: _____

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