

SPONSOR'S STATEMENT FOR APPLICANTS AT NOVA-RO APARTMENTS

I (We),		
	(Name of Individual(s))	
agree to be the sponsor	of	·
	(Applicant)	
caregiving if needed, I p	become unable to live in our residential living facility and fails to bromise to be responsible for finding an alternative living arrangen at Nova-Ro is renting apartments only and is not a care facility.	nent within 60 days of notification. The
Sponsor's relationsh	p to this applicant	
It is preferred that the S	ponsor be a relative, a generation younger, living within the Great	er San Francisco Bay Area.
Sponsor's home phone	number	
Sponsor's cell phone nu	imber Business phone numb	oer
Sponsor's E-mail addre	SS	
Sponsor's home addres	S	
Employer and position/	occupation	
Sponsor's business add	ress	
	Upon review and acceptance of the application, applicants and sp interviewed by the Rental Committee at such time as a unit is availa Rental Committee is satisfied an applicant meets the qualifications and the sponsor understands his or her obligations, an offer to rent to the sponsor understands his or her obligations.	ble. When the for residency
Signature(s) of Sponsor		Date
		Date

CONTINUED ON REVERSE

NOVA-RO TENANTS' SPONSOR(S) RESPONSIBILITIES AND SPONSOR'S GUARANTY

The Nova-Ro Corporation, hereinafter called "Nova-Ro", wants to be certain that you, as a sponsor, hereinafter called "Sponsor", fully understand the scope of the commitment which you are about to undertake. As a Sponsor you are directly responsible, if that time comes, to make arrangements for any assistance or to move the tenant to an alternate care facility should tenant require such services. The Sponsor, preferably a relative living within the local San Francisco Bay Area, is encouraged to have active and frequent contact with his/her sponsored tenant(s) so as to be aware of their situation well in advance. It is the sole responsibility of the Sponsor to facilitate any required assistance or dwelling location changes. Furthermore, as a Sponsor you have also taken on the commitment to provide economic assistance in the event the tenant(s) is/are no longer able to support himself or herself. Therefore, you are agreeing to fully guarantee and pay and perform all of the rental agreement obligations of the tenant.

Nova-Ro has made it mandatory that you, the Sponsor, review this document so that you are fully aware of the level of commitment and actual responsibilities to which you have volunteered to participate. You and Nova-Ro both realize this undertaking should not be accepted lightly, but that after careful consideration you are prepared to move forward, and to sign the following Guaranty:

GUARANTY: I (we), the Sponsor(s) of _________, have read, understand and agree to the duties and responsibilities of being a Nova-Ro tenant Sponsor. I (we) agree with the foregoing information and understand that if the applicant(s) is/are unable to pay the monthly rent and utilities, I/we shall pay those charges due to Nova-Ro. I (we) unconditionally and irrevocably guarantee as primary obligor(s) and not as a surety, and promise to perform and be liable for, any and all obligations and liabilities of the Applicant as Tenant under the terms of his/her Rental Agreement with Nova-Ro. I (we) also agree to make any arrangements for assistance with daily living that may be necessary. In addition, I (we) also agree to arrange for alternate dwelling facilities for Tenant if/when Tenant's rental agreement with Nova-Ro terminates. In order to establish potential ability to perform my (our) financial obligations, I (we) will provide a copy of my (our) financial documentation as may be reasonably requested. Furthermore, by signing below I (we) agree that Nova-Ro is also authorized to obtain my (our) credit report(s). If unable to continue to satisfy the qualifications of a Sponsor, financially or to the extent necessary for the continued well being of the tenant, I (we) will notify Nova-Ro and make arrangements for a new Sponsor that meets all the qualifications as established by the Board of Directors.

GUARANTY: I		
Print Sponsor's Name		
	 Social Security Number	——————————————————————————————————————
Sponsor Signature	Social Security Number	 Date

When the Sponsor's statement has been completed, please send this form to:

NOVA-RO CORPORATION P.O. BOX 1195 NOVATO, CA 94948-1195 (415) 898-4024 www.novaro.org