



PARENTS RESPONSIBILITY FORM

DATE _____

TO FOXGLOVE APARTMENTS:

I/We _____ are the parent/s of _____. We will be responsible for any/all monies due (i.e. rent, late fees) or damages caused by our child. I/we authorize Management to obtain my/our credit report.

Parent Signature

Parent Signature

Subscribed and sworn before me this _____ day of _____, 200__.

Notary

My commission expires _____.

Please attach a copy of parent/s drivers license, social security card.

SOCIAL SECURITY # _____

DATE OF BIRTH _____

HOME PHONE # _____

WORK PHONE # _____

EMAIL ADDRESS _____ **Father**

_____ **Mother**

Would you like to receive emails for any late notices or violation letters sent to your child Yes No