AGREEMENT OF FINANCIAL RESPONSIBILITY

[illegible]

I, _____, hereby agree to pay on behalf of _____
(Name of Resident or Legal Representative if Resident is [illegible]) (Name of Resident)

[illegible]

Kingsmark applies fees for late payments, dishonored checks (NSF), and returned bank transfers. These are not to be considered penalties or "finance charges" or "interest" within the meaning of the Truth in Lending Act. Please contact the Resident Business Office at (901) 323-0000 or email [illegible] with questions.

Personal Effects and Valuables
[illegible]

Non-Sufficient Funds (NSF) Service Charge
[illegible]

Late Payment Fee
[illegible]

Collection Fee
[illegible]

Financial Difficulty
[illegible]

I acknowledge that by signing the Contract Agreement of Financial Responsibility I as a Resident, or the Financial Legal Representative of the Resident, have been given the opportunity to read the Contract, to ask questions regarding the agreement and contract in Contract, and have had all questions answered to satisfaction.

Signature of Resident or Legal Representative (Print Name)	Date
Binding Affiliate of Financial Responsibility	Contact Number of Financial Responsibility
Witness Signature	Witness Name (print name)