

TOUCHSTONE PROPERTIES, LLC/HAGERMAN COURT, LLC

Parent Form

I agree to be responsible for my son's/daughter's portion of the monthly rent in
the amount of \$ _____ at _____ from
(your child's rent) (apartment or house address)

(beginning and end dates of lease)

Printed Parent Name

Parent Signature

Date

Son's or daughter's name

Please sign and date and fax to 859-269-2336 or mail to:

Touchstone Properties, LLC
P.O. Box 22413
Lexington, KY 40522-2413