



Rentals • Sales • Property Management
Phone: 617-600-6780 • Fax: 617-232-7701

Guarantor Form

Name of Guarantor: _____ Relation to Lessee: _____

Address: _____ City: _____ State: _____ Zip: _____

Social Security #: _____ Employer: _____

Employer's Address: _____

Position: _____ Salary: _____ How Long: _____

Other Income: _____ Home Phone: _____ Work Phone: _____

I authorize a credit report to be prepared on me to accompany this form. Initial: _____

PLEASE FILL OUT THE FOLLOWING SECTION AND HAVE IT NOTARIZED

To Whom It May Concern:

I will be taking full responsibility for any financial obligations for rent, related services, or damages incurred by _____, who will be living in apartment # _____ located at _____, city of _____, Massachusetts.

Signature: _____

TO BE FILLED OUT BY NOTARY

State of: _____ County of: _____, s.s.

I, _____, a Notary Public, in and for the aforesaid county, do hereby certify that _____ personally appeared before me in said County, and acknowledged the foregoing instrument to be his/her free act and deed.

Notary Signature

Date

My commission expires: _____ Seal: