GUARANTOR FORM

	Agent:	
Name of Guarantor Social Security #_		
Full Address		
Your relation to Lessee	Employer	
Employer's Address		
Position	How Long	
Income Additional In	come &Source	
Telephone (home)	(work)	
I authorize a consumer credit report to b	be prepared to accompany this form.	
TO WHOM IT MAY CONCERN:		
I will be responsible for any financial	obligations for rent or related services	or damages incurred by
	at apartment number Lo	ocated at Street & No.
	City of	Massachusetts.
I agree to submit to the jurisdiction of th	e Courts of Massachusetts and that the le	ease shall be governed by
the laws of the Commonwealth of Mass	achusetts.	
Guarantor's Signature:		
State of:		
County of:,s	S.S.	
l,	a Notary Public, in and for the afo	resaid county, do hereby
certify that	personally appeared before m	ne in said County, and
acknowledged the foregoing instrument	to be his/her free act and deed.	
Notary Signature	Date Seal:	

My commission expires _____