

JAMAICA PLAIN ASSOCIATES
4 ADELAIDE TERRACE
JAMAICA PLAIN MA 02130
T.(617) 522-5050 F.(617) 522-5048 F. (617) 524-1802
www.jpapts.com

Residential Co-Signer Form

Date: _____

I, _____, Guarantor of

will be responsible for any financial obligations for rent, related services or damages incurred by him/her only arising during his/her stay at the following address;

Apartment # _____ at _____ in _____ MA.

Guarantor Credit Information

Name of Co-Signer	Relation to Applicant	Home Phone	Work Phone
_____	_____	_____	_____
Present Address	City	State	Zip Code
_____	_____	_____	_____
Current Employer	Address/City/State/zip	Length of Employment	
_____	_____	_____	
Occupation/Source of Income	Type of Business	Salary	Social Security #
_____	_____	_____	_____

Note: The Guarantor to this lease hereby agrees to be responsible, liable and bound by all of the provisions and terms of this lease and any and all Renewals and Extension to this lease and to any and all new leases and rental agreements between the parties to this lease to the same extent and as though they had executed a new Guarantee to any Renewal, Extension, New Lease or Rental Agreement

I HEREBY GIVE PERMISSION FOR A CREDIT CHECK TO DETERMINE MY ABILITY TO SERVE AS A GUARANTOR IN THE ABOVE SITUATION.

X: _____
(Parent/Guardian/Guarantor Signature)

NOTARY PUBLIC STATE OF: _____ COUNTY OF: _____

I, _____ A NOTARY PUBLIC IN AND FOR THE COUNTY AFORESAID, DO HEREBY CERTIFY THAT _____ PERSONALLY APPEARED BEFORE ME AND IS PERSONALLY WELL KNOWN TO ME AS THE PERSON WHO EXECUTED THIS SAID DEED, AND ACKNOWLEDGE THE SAME TO BE HIS/HER FREE ACT AND DEED.

X: _____ Place Notary Seal here:
(Notary Public Signature)

PLEASE FAX TO: JAMAICA PLAIN ASSOCIATES FAX NUMBER AS WELL AS MAIL A HARD COPY TO OUR OFFICE AT THE ADDRESS ABOVE