

476A Columbus Ave, Boston MA 02118- Office 617 424 9500- Fax 617 424 9600

GUARANTOR APPLICATION

NAME:	DATE:	SOCIAL SECURITY NO		
ADDRESS:	CITY:_	STATE:	ZIP CODE:	
DO YOU RENT OR OWN A HOME?				
PLACE OF EMPLOYMENT:		SALARY	/:	
APPLICANT:		RENT:		
APARTMENT #:	AT:			
The undersigned warrants and represents all state refunded only if the application is rejected by the la \underline{GU}		posit are taken subject to previous		
The Guarantor authorizes the Managemereport relating to the Guarantor and also			prepared a consumer credit	
I agree that I shall be responsible for any	obligation related to the	occupancy of		
(Lessee/Tenant) at				
Boston, Massachusetts, pursuant to the le				
(Lessee/Tenant) and			Lessor/Landlord) or its	
agents, including all damages, actual or co		ts related thereto as expres	sed in the Lease Agreement	
and any Addendum, which are made a pa		JJJ. 414J	4 A. I C N. 4	
I acknowledge having reviewed the Leas Public and return the original of this Gua	· ·	C	•	
GUARANTOR:	RE	NTAL AGENT:		
State:		County:		
On this day of 20, be	efore me, the undersigned no	tary public, personally appea	red	
(name of document signer), proved to me thro				
person whose name is signed on the preceding stated purpose.				
Notary Public:		My Commission Expires:		