

103 Hemenway St. Suite B2 Boston, MA 02115 - Phone: 617-421-9900 - Fax: 617-421-9906

CO - SIGNER FORM

Co-Signer for:					
Lessee Address:					
	PEI	RSONAL INFO	PRMATION:		
Co-Signer:		4			
Full Address:			City	State	Zip
Home Telephone:			Social Sec. #:		
Relation to Applicant:			Number of Dependants:		
	EMP	LOYMENT IN			
Current Employer:					
Address:					
Work Telephone:			Position:		
Salary:	***		Length of current employs		
Other Income:			Source of other income: _		
The undersigned, jointly and punctual performance by the conditions, covenants, obligat renewed from time to time. D the nature thereof including w and all extensions and postpo from time to time to the Lesse true to the best of their ability month's rent shall not be acc to have vacated said premises HEREBY, GIVE PERMISSIC THE ABOVE SITUATION.	Lessee, and the legal reions, and agreements in emand and notice of deithout limitation, the obnements of the time of per the undersigned, joing. In the event of any accounted for, pursuant to the limit to the event of and the limit to the	presentatives, so the Lease by a fault being here ligation to make payment and all atly and severally thorized Sub-I to the M.G.L.C Inding that all so HECK, TO DET	uccessors and assigns of the nd between Lessor and Lesby waived. The undersign prompt payment for rent, other indulgences and for y, agree that all the informates, all parties agree that 186 Sec 15B, until the least aid funds previously paid FERMINE MY ABILITY	ne Lease, of ssee, as maded waive a and assent rebearance ation state at the secule terminal shall remains	f all the terms, ay be amended or all surety-ship defenses in to any es which may be granted s above is rity deposit and last tes and all parties there ain with the premises. I
X		TARY PUBLIC:			
(PARENT/GUARDIAN SIGNA		STATE OF: COUNTY OF:			
I,	PERSON	, IN AND FOR TH NALLY APPEARE	IE COUNTY AFORESAID, DO ED BEFORE ME AND ACKNO	O HEREBY OWLEDGE	THE
			X(NOTARY PUBL	IC SIGNAT	IIRE)