

Cosigner Signature Form

Apartment Address: _____ hereinafter
referred to as PROPERTY.
Cosigner for _____

** The following information is **very important, please read carefully**. These forms must be signed and notarized. When complete, please fax back to the above fax number. Additionally, please send the required original copy to the below address.

Please send **original copy** to:

John Bannon
53 Hobart Street
Brighton, MA 02135

I, the undersigned, promise to guarantee the Lessee(s) compliance with the financial obligations of the lease agreement on said PROPERTY.

I, the undersigned, understand that I will be required to pay the property owner or management company on demand, all costs including, but not limited to, rent, damage assessments and any reasonable attorney fees incurred by the property owner or management company under the terms of the lease agreement if, and only if, the Lessee(s) themselves fail to pay.

I, the undersigned, further acknowledge that the lease agreement on said PROPERTY is a Commonwealth of Massachusetts contract for the use of said PROPERTY and that such use creates exclusive personal jurisdiction under the Commonwealth of Massachusetts general laws,

I, the undersigned, also understand that this Cosigner Agreement will remain in force throughout the entire term of the tenancy, even if the tenancy is extended or changed in its terms.

Cosigner

Date

Notary

Date

Cosigner Information Sheet

Apartment Address: _____

Cosigner For: _____ Parent (circle): Father or Mother

**All requested information below is required and must be filled out in its entirety. Incomplete data will not allow us to perform a full credit check and may jeopardize the prospective tenants ability to secure the desired apartment.

Cosigner Personal Information (PLEASE Print Clearly)

Cosigner Name: _____ SS#: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Information:

- Home Telephone: _____
- Cell phone: _____
- Additional Numbers (please specify): _____
- E-mail Address: _____

Employment Information

Current Employer: _____

Employer Address: _____

City: _____ State: _____ Zip: _____

Nature of the Industry: _____

Position Held: _____ Length of Employment: _____

Current Income:

- Individual Yearly Income: _____
- Additional Yearly Income: _____
- Household Yearly Income: _____

Employer Contact Name: _____

Employer Position Held: _____

Employer Phone Number: _____

The information provided above is, to the best of my knowledge, believed to be true and accurate. Additionally, I grant John Bannon permission to check the validity of this information as well as to verify my credit.

Notary: _____ Signed: _____

Date: _____

Cosigner