

# INSIGHT

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## Residential Cosigner Form

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

Apartment # \_\_\_\_\_ at \_\_\_\_\_ in \_\_\_\_\_, MA \_\_\_\_\_  
(Unit) (Street Address) (City) (Zip)

### Guarantor Credit Information

|                             |                       |   |                  |     |
|-----------------------------|-----------------------|---|------------------|-----|
| Name of Co-Signer           | Relation to Applicant | Social Security # (call agent to provide) |                  |     |
| Present Address             | City                  | State                                     | Zip              |     |
| Current Employer            | Address               | City                                      | State            | Zip |
| Occupation/Source of Income | Type of Business      | Yearly Salary                             | Dates Employed   |     |
| Email                       | Home Phone            | Cell Phone                                | Other (optional) |     |

*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)

Date: \_\_\_\_\_

**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 OR SCAN A COPY OF THIS DOCUMENT TO THE OFFICE FAX/EFAX NUMBER OR EMAIL ADDRESS ABOVE.  
THIS DOCUMENT MUST BE SIGNED, NOTARIZED, AND ORIGINAL COPY MUST BE MAILED TO THE OFFICE ADDRESS ABOVE.