



1496 Commonwealth Avenue 9E
Brighton, MA 02135
O: 617-756-3029
F: 617-830-9890
www.ProperRG.com

Cosigner Form Page 1

Apartment Address: _____
hereinafter referred to as PROPERTY.

This is a **TWO-page form** that must be completed and delivered in full. When completed **please fax** both pages to 617-830-9890. After faxing, this form **MUST be notarized**. This **original, notarized form should be mailed in** to 1496 Commonwealth Avenue 9E in Brighton MA 02135.

Cosigner For: _____

I, the undersigned, promise to guarantee the above 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, Chapter 23A, Section 3, in the Commonwealth of Massachusetts.

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



1496 Commonwealth Avenue 9E
Brighton, MA 02135
O: 617-756-3029
F: 617-830-9890
www.ProperRG.com

Cosigner Form Page 2

Apartment Address: _____

Cosigner For: _____

This form needs to be filled out in its **entirety**. An incomplete form will not allow us to perform a complete credit check and may jeopardize the prospective tenant(s) ability to secure the desired apartment.

Cosigner Information

Cosigner Name: _____ SS#: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cellular Phone: _____

Email Address: _____

Current Employer: _____

Employer Address: _____

City: _____ State: _____ Zip: _____

Nature of the Industry: _____

Position Held: _____ Length of Employment: _____

Current Individual Yearly Income: _____

Current Additional Yearly Income: _____

Current 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 Proper Realty Group LLC. permission to check the validity of this information as well as to verify my credit.

Signed: _____ (Cosigner)