

<u>CO-SIGNER FORM</u> (This form must be notarized)

Ι	(Parent or Legal Guardian) residing at
with a telephone number of,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, will be responsible for all
	(Tenant/Lessee), while residing at
	,,MA.
Sworn and subscribed to thisday of	, 20
	Co-Signer / Guarantor:
County, ss.	
personally appeared	20, before me, the undersigned notary public, , proved to me through satisfactory evidence of driver's license or other state or federal governmental or affirmation of a credible witness known to me who al knowledge of the identity of the signatory, to be the ledged the foregoing to be signed by him/her voluntarily
Notary Public:	
My Commission Expires:	
Print Notary Public's Name:	

Qualified in the State/Commonwealth of Massachusetts