

Coppola Realty Management Services, Inc.

49 Worthington St., #9

Boston, MA 02120

Phone: 617-566-2713

Fax: 617-739-5448

CO-SIGNER FORM

To Whom It May Concern:

Date: _____

Applicant's name: _____

Co-Signer's name: _____

Social Security Number: _____

Relationship to Applicant: _____

Place of Residence: _____ Tel#: _____

(Address)

City: _____ State: _____ Zip Code: _____

Email: _____

Place of Business: _____ Tel#: _____

Occupation: _____

Approximate yearly income: \$ _____

I hereby give my permission to the landlord to conduct a credit check, as well as make inquiry of my employer.

I (we) will be responsible for any financial obligations for rent or related services or damages incurred by the applicant for as long as he/she is obligated to pay rent for Apartment # _____ at _____.

(Address)

Co-Signer's Signature: _____

Date: _____

I, _____, a Notary Public, in and for the County of _____

do certify that _____ personally appeared before me in said County, the said deed and acknowledged the same to be his/her free act and deed.

(Notary Public)

(Date)

My commission expires: _____ (seal)