



MicozziManagement.com

Guarantor Credit Information Form

Apartment No.: _____ **Located at:** _____

Guarantor for: _____

Name: _____ **Social Security #** _____

Address: _____ **DOB:** _____

Your Relationship to Applicant: _____

Guarantor's Employer: _____

Employer's Address : _____

Telephone:
(Mobile) _____ **(Home)** _____ **(Work)** _____

Email Address: _____

Position: _____ **How Long:** _____

Salary: _____ **Other Income:** _____

I AUTHORIZE YOU TO CONTACT PREVIOUS LANDLORD(S), CREDIT AND PERSONAL REFERENCES THAT I HAVE GIVEN WITHIN THIS APPLICATION. I ALSO AUTHORIZE YOU TO OBTAIN MY CONSUMER CREDIT REPORT.

Dated: _____ **By:** _____

Signature (Guarantors)



MicozziManagement.com
 Micozzi Management, Inc.
 159 Cambridge Street
 Allston, MA 02134
 Telephone: 617-254-5576
 Facsimile: 617-254-7823

Date: _____

GUARANTY OF LEASE
(ADDENDUM TO THE RENTAL AGREEMENT)

In consideration of the execution of a certain lease for the premises located at _____, MA by the Lessor and Lessee named therein, the undersigned jointly and severally guarantees the Lessor and its successors and assigns the performance of all the covenants set forth in the lease, including but not limited to, the punctual payments of all rents and other payments payable under the lease including any parking fees, or any extension or renewal thereof, and further including amounts due and owing for damages to the premises during the period of the lessee's occupancy of the leased premises and/or any other fees, costs as permitted by the Lease or awarded in any enforcement action concerning the Lease.

The undersigned hereby waives demand and notice of default.

The undersigned agrees that this guaranty shall be construed according to the law of the Commonwealth of Massachusetts and that by jurisdiction according to the laws of the Commonwealth in all actions at law and equity arising from this guaranty and from the lease aforesaid.

Occupant/Lessee(s): _____

Guarantor(s): _____
 Please print name here

Social Security#: _____

Signature: _____

State of _____

County of: _____

Date: _____

Then personally appeared before me the above named _____ and being first duly sworn acknowledge the foregoing to be their free act and deed.

 Notary Public
 My Commission Expires: _____