COSIGNER FORM

My Commission Expires_____

COSIGNER FORM	
Name of Applicant:	BROWNSTONE
Name of Cosigner:	REAL ESTATE COMPANY, INC.
Relationship to Applicant:	330 Newbury Street Boston, MA 02115 (617) 262-4250 Fax (617) 262-7216 www.brownstonere.com
Cosigner Information:	
Residence: # STREET NAME	Phone #:
CITY STATE	Soc. Sec. No:
Source of Income:	Yearly Income: <u>\$</u>
Place of Business: # STREET NAME	Phone #:
CITY STATE	ZIP
To whom it may concern:	
In consideration of the opportunity to lease the property at	
Signed: X	Date:
ACKNOWLED	GEMENT
On this day of, 20, appeared before me, the undersigned notary public, widentification, which were document, and acknowledged to me that s/he has signed	personally personally personally personally personally personally personally person this to be the person whose name is signed on this dit voluntarily and for the stated purpose.
NOTARY PUBLIC	
Name:	