

**Townhouse of Amherst**  
**Townhouse Management Associates**  
50 Meadow Street  
Amherst, MA 01002  
Telephone: (413) 549-0839  
Fax: (413) 549-8487

**GUARANTOR STATEMENT**

\*Please fill out completely and mail back to our office

APARTMENT # \_\_\_\_\_

NAME: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TEL. NO.: \_\_\_\_\_ LENGTH OF RESIDENCY: \_\_\_\_\_

LANDLORD: \_\_\_\_\_ TELEPHONE #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

OCCUPATION OR SOURCE OF INCOME: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ HOW LONG: \_\_\_\_ YR. SALARY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE #: \_\_\_\_\_

NAME OF SPOUSE: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ HOW LONG: \_\_\_\_ YR. SALARY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE #: \_\_\_\_\_

CREDIT REFERENCES:

(1) NAME: \_\_\_\_\_ TELE. #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

(2) NAME: \_\_\_\_\_ TELE. #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

BANK NAME:

SAVINGS: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CHECKING: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

The undersigned agree(s) to be responsible for performance of the terms of this lease in the event of default by the Lessee(s) herein as an inducement to the Lessor to let said premises to the Lessee(s) wherefore, witness our hands and seals. If a new lease is signed between the Lessee(s) and Lessor, this statement will continue to be in effect.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_ NOTARY PUBLIC: \_\_\_\_\_