

## GUARANTY

To Whom It May Concern:

In consideration of ("Landlord") entering into a residential lease agreement ("Lease") with \_\_\_\_\_ ("Tenant") for premises at \_\_\_\_\_ ("Premises"), Beth Israel Deaconess Medical Center ("BIDMC") guaranties the payment of (i) rent under the Lease and (ii) the cost of repair of any damage to the Premises caused by Tenant upon the following conditions:

1. The maximum of BIDMC's liability to the Landlord under this guaranty is the lesser of the amount equal to two months' rent or \$6,000.
2. Landlord collects no security deposit.
3. Landlord is not in default under the Lease or in violation of applicable laws as to the Premises.
4. Landlord complies with all the requirements of Massachusetts General Laws, chapter 186, section 15B, except those applicable to where security deposits are held and accounting for interest.
5. Landlord or Tenant deliver to BIDMC, Office of Graduate Medical Education, 330 Brookline Avenue, Boston, MA 02215 copies of the fully executed Lease, any amendment or extension of the Lease, statements of condition of the Premises, and any notice or other document in connection with the Lease.
6. Landlord notifies Tenant of any dispute that might give rise to a claim under this Guaranty and makes good faith efforts to resolve the dispute.
7. Any claim for payment under this Guaranty must be in writing and delivered to BIDMC together with Landlord's written certification under oath that Landlord is not in default under the Lease or in violation of any applicable laws as to the Premises and has complied with all conditions of this Guaranty, and that if Landlord breaches its certification or this Guaranty, Landlord will upon demand forthwith reimburse BIDMC, or its assignee.

This Guaranty will not be effective until signed by the both **the Landlord** and an **authorized BIDMC representative**. This Guaranty is in effect for one year as long as the Tenant remains enrolled in a BIDMC Graduate Medical Education Program.

WITNESS the execution hereof as a sealed instrument by the parties hereto as their duly authorized acts by their duly authorized representatives.

**BETH ISRAEL DEACONESS MEDICAL CENTER**

**LANDLORD**

By (*signature*):

By (*signature*):

\_\_\_\_\_  
Print Name: Laurie Dubois

\_\_\_\_\_  
Title: Administrative Director, GME

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Print Name:

\_\_\_\_\_  
Title:

\_\_\_\_\_  
Date: