RONNING COMPANIES

Co-Signer Application
Ronning Properties
4401 E. 6th Street
Sioux Falls, SD 57103
Phone: 605.336.6000 | Fax: 605.336.7879
Website: www.RonningCcompanies.com

Personal Information		
Applicant Full Name:		
Your Full Name:		
Your Relationship to Applicant:	Social Security Number: - -	
Your Date of Birth:	Your Marital Status:	
E-mail:	Telephone:	

Residence History		
Your Present Address:		
City:	State:	Zip:
Present Landlord/Mortgage Holder:	Telephone:	
Dates of Residency: / to /		
Amount of Rent or Mortgage Payment:		

Your Previous Address:		
City:	State:	Zip:
Previous Landlord/Mortgage Holder:	Telephone:	
Dates of Residency: / to /		
Amount of Rent or Mortgage Payment:		

Employment Information		
Employed By:	How Long:	
Employer's Address:	Telephone:	
City/State/Zip:	Salary/Wage:	Per: hr / wk / mo / yr
Position Held:	Supervisor:	
Previous Employer: (if at present employer for less than six (6) months)		

Have you ever been convicted of a felony or misdemeanor?
If yes, please explain:
Have you ever been evicted?

Driver's License Information	
Driver's License Number:	State:

I hereby make application as a co-signer for the above-named individual(s) and certify that this information is correct. I authorize you to contact any references I have listed, contact present and past employers, landlords or mortgage holders. I understand that a credit report will be run in connection with this application. I acknowledge that I am guaranteeing the applicant's financial performance under the lease agreement and further acknowledge that I will be financially responsible for the financial obligations under the lease in the event the applicant defaults.

Please read the above statements PRIOR to signing this application. By signing below, you accept these conditions.

Co-Signer's Signature:	Date: