Rental Application

Ronning Properties · 4401 E. 6th Street, Sioux Falls, SD 57103
Phone: 605.336.6000 | Fax: 605.336.7879 | www.RonningApartments.com

RONNING COMPANIES

Personal Information

Applicant Name(s): _____ Relationship: _____

Date of Birth: _____ Social Security #: _____

Applicant E-mail: _____ Co-Applicant E-mail: _____

Do you have pets? ☐ Yes ☐ No If so, what kind? _____ Type of unit? _____

Have you viewed? ☐ Yes ☐ No Location applying for? _____

Telephone Number: _____ Why this location? _____

Applicant's Residence History

Present Address: _____

City: _____ State: _____ Zip: _____

Landlord/Mortgage Holder: _____ Telephone: _____

Dates of Residency: _____ to _____ Amount of Rent: _____

Reason for Moving: _____

Co-Applicant's Residence History

Present Address: _____

City: _____ State: _____ Zip: _____

Landlord/Mortgage Holder: _____ Telephone: _____

Dates of Residency: _____ to _____ Amount of Rent: _____

Reason for Moving: _____

Applicant's 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 less than 6 months): _____

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Co-Applicant's Employment Information

Employer: How Long:

Employer's Address: Telephone:

City/State/Zip: Salary/Wage: Per (hr/wk/mo/yr):

Position Held: Supervisor:

Previous Employer (if less than 6 months):

Background

Have you ever been convicted of a felony or misdemeanor? ☐ Yes ☐ No

If yes, please explain:

Automobile Information

Applicant's Driver's License #: State:

Co-Applicant's Driver's License #: State:

Make	Model	Year/Color	License Plate #	State

In Case of Personal Emergency

Notify: Relationship:

Telephone: ss / City/State/Zip:

Notify: Relationship:

Telephone: ss / City/State/Zip:

How did you hear about us?

NO RENTAL APPLICATION WILL BE PROCESSED WITHOUT ALL REQUESTED PHONE NUMBERS INCLUDED.

I (we) hereby make application for an apartment and certify that this information is correct. I (we) authorize you to contact any references I (we) have listed, contact present and past employers, landlords or mortgage holders. I (we) understand that a commercial credit report will be run in connection with this application. I (we) understand that the security deposit paid will be forfeited if I (we) do not move in and do not give written notice of such action within three (3) days of the date this application is approved. If such notice is given, a $50.00 processing charge will be deducted from the security deposit. The application fee is non-refundable.

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

Applicant's Signature: Date:

Co-Applicant's Signature: Date:

Office use: Date Showed Deposit App Fee