



1222 University City Blvd •Blacksburg VA 24060 •540-552-2384 •Shawnee@I-plus.net

APPLICATION TO BE COMPLETED BY SURETY (GUARANTOR)

Resident/Applicant Name _____

SURETY INFORMATION

Surety Name _____
Last, First Middle - -

Co-Surety Name _____
Last, First Middle - -

Present Address _____
Street City State Zip Code

Home Telephone _____ Do you own the home? Yes No

Length of Residency _____

Previous Address (if less than 2 years) _____

QUALIFYING INFORMATION

Surety's Employer _____
Name City State

Business Telephone _____ Income _____

Co-Surety's Employer _____
Name City State

Business Telephone _____ Income _____

CREDIT REFERENCES (Banks, credit cards, stores, etc.)

Name	Location	Balance
_____	_____	_____
_____	_____	_____
_____	_____	_____

Surety(s) state and represents that the information provided in this application is complete and accurate. Surety(s) authorizes verification of any and all information contained in this application and releases all concerned from any liability in connection with information given. You have the right to make a written request within 30 days for a complete and accurate disclosure of additional information concerning the nature and scope of this application review.

Surety Signature _____ Date _____

Co-Surety Signature _____ Date _____