

# GAR PROPERTIES, L.T.D.

P.O. BOX 152  
VILLANOVA, PA. 19085-0152  
(610) 527-7809  
(610) 527-2180 FAX

Email:garproperties@gmail.com

# RENTAL APPLICATION

Address of Apartment wanted:			
Apt. Size:	Monthly Rent:	Appl. Fee:	Appl. Deposit:
Move-in Date:	Lease Term:	Lease Start :	Agent:

APPLICANT'S FULL NAME \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Marital Status \_\_\_\_\_  
 Present Address \_\_\_\_\_  
 Present Telephone \_\_\_\_\_ Email \_\_\_\_\_  
 Present Landlord \_\_\_\_\_ Phone# \_\_\_\_\_  
 How long have you lived at present address? \_\_\_\_\_ Current rent? \_\_\_\_\_  
 Reason for moving \_\_\_\_\_  
 PREVIOUS ADDRESS \_\_\_\_\_  
 How long did you live at previous address? \_\_\_\_\_

**EMPLOYMENT:** Employed by? \_\_\_\_\_ How long? \_\_\_\_\_  
 Employer's address \_\_\_\_\_ Telephone \_\_\_\_\_  
 Your position \_\_\_\_\_ Social Security # \_\_\_\_\_  
 Salary \_\_\_\_\_ Per \_\_\_\_\_ Any Pets? \_\_\_\_\_

<u>Other Residents</u>	<u>Relationship</u>	<u>Age</u>

Have you ever been convicted of a crime? Yes \_\_\_\_\_ No \_\_\_\_\_ If "Yes" date of conviction \_\_\_\_\_  
 Nature of conviction \_\_\_\_\_

Automobile \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_  
 Tag# \_\_\_\_\_ State \_\_\_\_\_ Driver's License# \_\_\_\_\_ State \_\_\_\_\_  
 In case of emergency, notify \_\_\_\_\_ Relationship \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_

<b>REFERENCES:</b> Your Bank _____ Branch _____ Account# _____
Credit Reference _____ Credit Reference _____

I (we) hereby make application for an apartment and certify that the above information is correct. I (we) authorize Landlord to obtain information it deems desirable in the processing of my application, including; credit reports, civil or criminal actions, rental history, employment/salary details, police and vehicle records and any other relevant information.  
 If this application is withdrawn by the Applicant(s) or rejected by the Landlord due to false information or if the applicant(s) refuses to sign the Landlord's standard lease, (a copy of which is available upon request) within five days of its availability, **the deposit made with this application may be retained by the Landlord as partial payment of damages.**  
 If such occurs, the Applicant(s) agrees that he (they) shall have no claim or other cause of action against the Landlord or his agent because of this application or anything resulting from it.  
 I (we) have read and understand the information and agreement above as indicated by my (our) signature below.

APPLICANT'S SIGNATURE \_\_\_\_\_

CO-SIGNED \_\_\_\_\_ DATE \_\_\_\_\_