



720 W. Market St.
York, PA 17401
(717) 699-2229

**** HELFRICH APPLICATION ****

PLEASE PRINT HEAD OF HOUSEHOLD NAME HERE:

HOW DID YOU HEAR ABOUT US? (please circle one):

Newspaper *Website* *Sign at Property* *Billboard* *Friend* *Relative* *Passed by office* *other:* _____

- Each application must be accompanied by a **\$45 non-refundable application fee** AND PROPER ID (SEE NEXT PAGE). APPLICANT'S \$45 CHECK OF MONEY ORDER (NO CASH) SHOULD be made payable to: **Sherman Property Management, Inc.** If your check for your application fee bounces, your application will be automatically rejected even if it has been accepted. **It is SPM's strict policy to refuse to take an application from someone if:**
 - full application fee is not included
 - proper ID is not provided
 - application is incomplete in any way
- Application via internet is not yet available. Applicants may mail the application by regular mail. However, if the envelope does not contain a complete application, a \$45 check or money order, and a copy of the ID listed on the next page, the application will be returned to the sender and the applicant will not be put on the waiting list.
- DOCUMENTATION PROVING CURRENT INCOME IS REQUIRED. For employment income, and a copy of most recent pay stub must be presented. We reserve the right to obtain third party documentation of unsubstantiated income using the attached release signed by the applicant.
- Sherman Property Management, Inc. does not represent you in any agency capacity. A Business relationship will not be presumed.
- Sherman Property Management, Inc. limits the number of occupants of a unit to no more than twice the number of bedrooms.

IDENTIFICATION REQUIREMENTS

All applicants 18 years or older must provide at least one (1) of the following:

Photo I.D.

- Valid state photo I.D.
- Passport

**If you fail to provide one of these, your application will not be accepted.*

All applicants 18 years or older must provide at least one (1) of the following:

- Social Security Card
- Medicare Card
- ACCESS medical card

**If you fail to provide one of these, your application will not be accepted.*

BOTH social security card & birth certificate must be provided for each & every household member who is not 18 years old or older.

**If you fail to provide one of these, your application will not be accepted.*

****Other forms of identification may be required during the application process.***

CONSUMER NOTICE

THIS IS NOT A CONTRACT

Sherman Property Management hereby states that with respect to all properties, licensed agents are acting in capacity of a agent of the owner / landlord pursuant to a property management agreement.

I acknowledge that I have received this notice:

Consumer signature

Date

Consumer printed name

Licensee

Date

Licensee printed name

FOR OFFICE USE ONLY: (also print income percentage on tracking sheet)

Annual Rent _____ ÷ Annual income \$ _____ = _____ %

APPLICATION FOR HOUSING

I am applying for the **Helfrich Apartments** APT # _____

PLEASE ✓ CHECK ONE THE FOLLOWING CHOICES:

- I only want the unit listed above. I'm interested in other units of the same size if I don't get this one.

PLEASE CIRCLE ONE OF THE FOLLOWING UNIT SIZES:

Efficiency One Bedroom Two Bedroom Three Bedroom Four or Five Bedroom

OFFICE
USE →
ONLY

DATE _____	DATE _____	DATE _____
TIME _____	TIME _____	TIME _____
UNIT _____	UNIT _____	UNIT _____
Notes: _____	Notes: _____	Notes: _____
_____	_____	_____

The information below is requested for the purpose of qualifying for an apt. All information will be kept confidential.

List **ALL** persons to occupy the unit including the head of household and spouse or co-applicant.

NAME	BIRTH DATE	SOCIAL SECURITY #

of bedrooms in unit: _____ TOTAL # of people that will occupy unit: _____

SPM, Inc. limits the number of occupants of a unit to no more than twice the number of bedrooms.

The following information is requested by the apartment owner in order to assure the Federal Government, acting through HUD, that Federal laws prohibiting discrimination against tenant applicants on the basis of race, national origin and sex are complied with. You are not required to furnish this information but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race / national origin and sex of individual applicants on the basis of visual observation or surname.

ETHNICITY (circle one): Hispanic Non-Hispanic

MINORITY (circle one): White Black Asian American Indian Native Pacific Islander

THIS SECTION MUST BE FILLED OUT

Do you hold a **Section 8** Certificate or Voucher for rental assistance? **Yes** **No**

If yes, please indicate expiration date & name of coordinator:

/ / _____

NAME OF ADULT #1 _____ **Email Address:** _____

PRESENT ADDRESS:

_____ **Street** _____ **City,** _____ **State,** _____ **Zip**

PHONE #: (DAY) _____ (EVENING) _____ **MOVED IN:** / /

HAVE YOU EVER BEEN EVICTED FROM HOUSING? _____ **IF YES, WHERE?** _____

DO YOU OWE MONEY TO ANY LANDLORDS? _____ **IF YES, WHO?** _____

PRESENT LANDLORD NAME: _____ **PHONE#** _____

PRESENT LANDLORD ADDRESS: _____

CURRENT MONTHLY RENT: \$ _____ **REASON FOR MOVING?** _____

OFFICE USE ONLY: _____

IF YOU HAVE RESIDED AT YOUR PRESENT ADDRESS FOR LESS THAN 2 YEARS COMPLETE THE FOLLOWING:

YOUR PREVIOUS ADDRESS: _____

_____ **Street** _____ **City,** _____ **State,** _____ **Zip**

DATES OF RESIDENCE **FROM:** / / **TO:** / /

PREVIOUS LANDLORD NAME: _____

PREVIOUS LANDLORD PHONE #: _____

PREVIOUS LANDLORD ADDRESS: _____

MONTHLY RENT: \$ _____ **REASON FOR MOVING?** _____

OFFICE USE ONLY: _____

BEFORE THAT I LIVED AT: _____ **FROM:** / / **TO** / /

LANDLORD NAME: _____ **LANDLORD PH #** _____

LANDLORD ADDRESS: _____ **MONTHLY RENT: \$** _____

REASON FOR MOVING? _____

ADULT #1 (continued)

DATE EMPLOYMENT BEGAN: / /

<u>EMPLOYER'S NAME</u>

EMPLOYER'S ADDRESS _____
EMPLOYERS'S PHONE # _____
OFFICE USE ONLY: _____

<u>OTHER INCOME</u>	<u>MONTHLY AMOUNT</u>	FOR OFFICE USE ONLY
AFDC	\$	_____
ALIMONY	\$	_____
CHILD SUPPORT	\$	_____
INTEREST INCOME	\$	_____
MILITARY ALLOTMENT	\$	_____
PENSION	\$	_____
SOCIAL SECURITY	\$	_____
SSI	\$	_____
UNEMPLOYMENT	\$	_____
VA BENEFITS	\$	_____
<u>OTHER</u>		
(EXPLAIN) \$		_____

Tax Credit regulations require that we verify assets. Your bank accounts are one form of assets. This information will be kept confidential and will be used only for purpose of verifying total income. We cannot process your application with out this information.

Bank Name: _____ Phone #: _____

Address: _____

PLEASE LIST 2 PERSONAL REFERENCES:
(not relatives)

NAME: _____
ADDRESS: _____
PHONE: _____

NAME: _____
ADDRESS: _____
PHONE: _____

FOR OFFICE USE ONLY

DOCUMENTATION PROVING CURRENT INCOME IS REQUIRED. For employment income, copy of most recent pay stub must be presented. We reserve the right to obtain third party documentation of unsubstained income using the attached release signed by the applicant.

FOR OFFICE USE ONLY: _____

ADULT #2 (continued)

DATE EMPLOYMENT BEGAN: / /

EMPLOYER'S NAME _____

EMPLOYER'S ADDRESS _____

EMPLOYERS'S PHONE # _____

POSITION HELD _____

MONTHLY INCOME \$ _____

OFFICE USE ONLY: _____

<u>OTHER INCOME</u>	<u>MONTHLY AMOUNT</u>	<u>FOR OFFICE USE ONLY</u>
AFDC	\$ _____	_____
ALIMONY	\$ _____	_____
CHILD SUPPORT	\$ _____	_____
INTEREST INCOME	\$ _____	_____
MILITARY ALLOTMENT	\$ _____	_____
PENSION	\$ _____	_____
SOCIAL SECURITY	\$ _____	_____
SSI	\$ _____	_____
UNEMPLOYMENT	\$ _____	_____
VA BENEFITS	\$ _____	_____

Tax Credit regulations require that we verify assets. Your bank accounts are one form of assets. This information will be kept strictly confidential and will be used only for purpose of verifying total income. We cannot process your application with out this information.

Bank Name: _____

Phone #: _____

Address: _____

PLEASE LIST 2 PERSONAL REFERENCES:

FOR OFFICE USE ONLY

(not relatives)

NAME: _____

ADDRESS: _____

PHONE: _____

NAME: _____

ADDRESS: _____

PHONE: _____

DOCUMENTATION PROVING CURRENT INCOME IS REQUIRED. For employment income, copy of most recent pay stub must be presented. We reserve the right to obtain third party documentation of unsubstantiated income using the attached release signed by the applicant.

FOR OFFICE USE ONLY: _____

ADULT #3 (continued)

DATE EMPLOYMENT BEGAN: / /

EMPLOYER'S NAME _____
EMPLOYER'S ADDRESS _____
EMPLOYERS'S PHONE # _____
POSITION HELD _____ **MONTHLY INCOME \$** _____

OFFICE USE ONLY: _____

<u>OTHER INCOME</u>	<u>MONTHLY AMOUNT</u>	FOR OFFICE USE ONLY
AFDC	\$ _____	_____
ALIMONY	\$ _____	_____
CHILD SUPPORT	\$ _____	_____
INTEREST INCOME	\$ _____	_____
MILITARY ALLOTMENT	\$ _____	_____
PENSION	\$ _____	_____
SOCIAL SECURITY	\$ _____	_____
SSI	\$ _____	_____
UNEMPLOYMENT	\$ _____	_____
VA BENEFITS	\$ _____	_____
<u>OTHER</u> (EXPLAIN)		\$ _____

Tax Credit regulations require that we verify assets. Your bank accounts are one form of assets. This information will be kept strictly confidential and will be used only for purpose of verifying total income. We cannot process your application with out this information.

Bank Name: _____ Phone #: _____

Address: _____

PLEASE LIST 2 PERSONAL REFERENCES:
 (not relatives)

FOR OFFICE USE ONLY

NAME: _____
 ADDRESS: _____
 PHONE: _____

NAME: _____
 ADDRESS: _____
 PHONE: _____

DOCUMENTATION PROVING CURRENT INCOME IS REQUIRED. For employment income, copy of most recent pay stub must be presented. We reserve the right to obtain third party documentation of unsubstained income using the attached release signed by the applicant.



720 W. Market St.
York, PA 17404

Phone: (717) 699-2229

Fax: (717) 699-2219

I hereby authorize management or its agent to investigate my past history for the purpose of determining approval of this application for residency. This consent includes any history of residency, employment, credit, and any other references the management deems necessary.

Please note: This is an application and gives no lease or rental rights. Additional information will be required at a later date to complete processing. Falsified statements on this form shall be considered sufficient cause for denying lease rights. By signing this form, you are certifying that all the information is true and complete and that you understand and agree to all rules and procedures listed in this form.

This application is good for 90 days only. Should you wish to be considered for an apartment or home after the time period of 90 days expires, you will be required to fill out a new application and submit a new application fee. If Sherman Property Management, Inc. mails any letters to you during the application process, the letter will be dated at the top. **If you fail to respond within ten (10) days from the date at the top of any such letter, you will be automatically removed from the waiting list.**

Applicant #1 Signature: _____ Date: _____

Applicant #1 Printed Name: _____

Applicant #2 Signature: _____ Date: _____

Applicant #2 Printed Name: _____

Applicant #3 Signature: _____ Date: _____

Applicant #3 Printed Name: _____

Management Signature: _____ Printed Name: _____ Date: _____

HOUSEHOLD STATEMENT Asset Disposition

Instructions:

We need to know about any assets that any member of your household “disposed of” (e.g. sold, gave away, or put into trusts) for less than “fair market value” within the last two years.

Fair market value is the amount a stranger would have paid you for the asset in an arms-length transaction.

Please sign either Statement A or Statement B, whichever applies. If you sign Statement B, we will need to ask you for additional information before we can determine your household’s eligibility and calculate your rent.

Printed name of household head: _____

Printed name of household co-head: _____

STATEMENT A: No Asset Disposition

I hereby certify that no member of my household has disposed of any assets for less than fair market value within the last two years.

Signature of household head _____ Date: _____

Signature of household co-head _____ Date: _____

Witness _____ Date: _____

STATEMENT B: Asset Disposition

I hereby certify that a member of my household has disposed of an asset or assets for less than fair market value during the last two years.

Signature of household head _____ Date: _____

Signature of household co-head _____ Date: _____

Witness _____ Date: _____