

PLEASE MAIL OR DROP OFF APPLICATION AND \$45 FEE IN FORM OF CHECK OR MONEY ORDER TO:

SHERMAN PROPERTY MANAGEMENT, INC.
720 W. MARKET ST.
YORK, PA 17401

*WAREHOUSE APPLICATION *

INCOME LIMITS APPLY. PLEASE CALL (717) 699-2229 TO SEE IF YOU QUALIFY.

PLEASE PRINT HEAD OF HOUSEHOLD NAME HERE:

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

Newspaper Website Sign at Property Billboard Friend Relative other:

*Each application must be accompanied by a **\$45 non-refundable application fee** and proper ID (see next page). Applicant's \$45 check or 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, a copy of a 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

Do you hold a **Section 8** Certificate or Voucher for rental assistance? **Yes** **No**
 If yes, please indicate expiration date & name of coordinator:

/ / _____

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

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

APPLICATION FOR HOUSING

I am applying for the **Warehouse 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

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.

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

NAME	BIRTH DATE	SOCIAL SECURITY #

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

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 #** _____

ADULT #1 (continued)

DATE EMPLOYMENT BEGAN: / /

EMPLOYER'S NAME

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

OFFICE USE ONLY: _____

OTHER INCOME

MONTHLY AMOUNT

FOR OFFICE USE ONLY

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

NAME: _____
ADDRESS: _____
PHONE: _____

FOR OFFICE USE ONLY

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 un-substained income using the attached release signed by the applicant.

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 #2 (continued)

DATE EMPLOYMENT BEGAN: / /

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

OFFICE USE ONLY: _____

OTHER INCOME

MONTHLY AMOUNT

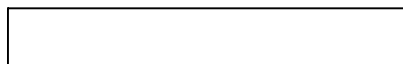
FOR OFFICE USE ONLY

AFDC	\$	_____
ALIMONY	\$	_____
CHILD SUPPORT	\$	_____
INTEREST INCOME	\$	_____
MILITARY ALLOTMENT	\$	_____
PENSION	\$	_____
SOCIAL SECURITY	\$	_____
SSI	\$	_____
UNEMPLOYMENT	\$	_____
VA BENEFITS	\$	_____
OTHER (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:

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 unsubstained income using the attached release signed by the applicant.

NAME OF ADULT #3 _____ 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? _____

<p><u>PRESENT LANDLORD NAME:</u> _____ PHONE# _____</p> <p>PRESENT LANDLORD ADDRESS: _____</p> <p>CURRENT MONTHLY RENT: \$ _____ REASON FOR MOVING? _____</p> <p>OFFICE USE ONLY: _____</p> <p>_____</p> <p>_____</p>
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IF YOU HAVE RESIDED AT YOUR PRESENT ADDRESS FOR **LESS THAN 2 YEARS** COMPLETE THE FOLLOWING:

<p><u>YOUR PREVIOUS ADDRESS:</u> _____</p> <p>_____ Street _____ City, _____ State, Zip</p> <p>DATES OF RESIDENCE FROM: / / TO: / /</p> <p>PREVIOUS LANDLORD NAME: _____</p> <p>PREVIOUS LANDLORD PHONE # _____</p>

OFFICE USE ONLY: _____

BEFORE THAT I LIVED AT: _____ FROM: / / TO / /
 LANDLORD NAME: _____ LANDLORD PH # _____
 LANDLORD ADDRESS: _____ MONTHLY RENT: \$ _____
 REASON FOR MOVING? _____

ADULT #3 (continued)

DATE EMPLOYMENT BEGAN: / /

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

OFFICE USE ONLY: _____

OTHER INCOME	MONTHLY AMOUNT	FOR OFFICE USE ONLY
AFDC	\$ _____	_____
ALIMONY	\$ _____	_____
CHILD SUPPORT	\$ _____	_____
INTEREST INCOME	\$ _____	_____
MILITARY ALLOTMENT	\$ _____	_____
PENSION	\$ _____	_____
SOCIAL SECURITY	\$ _____	_____
SSI	\$ _____	_____
UNEMPLOYMENT	\$ _____	_____
VA BENEFITS	\$ _____	_____
OTHER (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 Street
York, PA 17401

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: _____