



COMMERCIAL APPLICATION

** Each application must be accompanied by a \$45 non-refundable application fee.

***YOUR \$45 CHECK OR MONEY ORDER (no cash)
SHOULD BE MADE OUT TO:***

Sherman Property Management, Inc.
720 West Market Street
York, PA 17404

(717) 699-2229

Sherman Property Management, Inc. does not represent you in any agency capacity. A business relationship will not be presumed.

All applicants 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.*

AND one (1) of the following:

Secondary form of I.D.

- Social Security Card
- Current pay stub
- Employment I.D.
- Current utility bill

**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 SIGNATURE)	date
(Licensee printed name)	

COMMERCIAL APPLICATION

PROPERTY NAME OR ADDRESS

<i>For office use only:</i>	DATE _____
	TIME _____

The information below is requested for the purpose of qualifying of a commercial space. All information provided by the applicant will be kept confidential. All information must be completed.

COMPANY NAME: _____

Company PHONE: _____

Company Address: _____

Years Company at the above address: _____

Name of current company landlord: _____

Address of current company landlord: _____

Phone # of current company landlord: _____

Please see next page →

FIRST CONTACT

NAME: _____

BIRTH DATE: _____ SOCIAL SECURITY NUMBER: _____

Contact home address: _____

Contact home phone: _____

Contact annual income: \$ _____ Position: _____

Yrs at current position: _____

Contact employer name: _____

Contact employer address: _____

Contact current landlord name: _____

Contact current landlord address: _____

Contact's current landlord's ph# _____

Dates contact has occupied current residence: from / / to / /

PERSONAL REFERENCES (Please list 3 non-related):

NAME: _____ PHONE: _____

ADDRESS: _____

NAME: _____ PHONE: _____

ADDRESS: _____

NAME: _____ PHONE: _____

ADDRESS: _____

SECOND CONTACT

NAME: _____

BIRTH DATE: _____ SOCIAL SECURITY NUMBER: _____

Contact home address: _____

Contact home phone: _____

Contact annual income: \$ _____ Yrs at current position: _____

Contact employer name: _____

Contact employer address: _____

Contact current landlord name: _____

Contact current landlord address: _____

Contact's current landlord's ph# _____

Dates contact has occupied current residence: from / / to / /

PERSONAL REFERENCES (Please list 3 non-related):

NAME: _____ PHONE: _____

ADDRESS: _____

NAME: _____ PHONE: _____

ADDRESS: _____

NAME: _____ PHONE: _____

ADDRESS: _____

Please see next page →

I hereby authorize management or its agent to investigate my past history for the purpose of determining approval of this commercial application. 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. **This application is good for 90 days only.** If you wish to be considered for any unit after 90 days has expired, you will be required to submit a new application and application fee. If we mail you a letter during the application process, that letter will have a date at the top. **If you fail to contact us within 10 days of the date at the top of the letter, your name will be removed from the waiting list. All commercial applicants will be required to sign a personal guarantee.**

_____ applicant (ONE) signature	_____ DATE
_____ applicant (ONE) printed name	
_____ applicant (TWO) signature	_____ DATE
_____ applicant (TWO) printed name	

MANAGEMENT SIGNATURE	PRINTED NAME	DATE
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FOR OFFICE USE ONLY

DO NOT WRITE BELOW

Accepted	Rejected	Withdrawn by Applicant	Withdrawn by SPM
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Date this occurred: / /

Reason: _____

Employee who sent notification: _____ date sent: / /