



## ***COMMERCIAL APPLICATION***

\*\* Each application must be accompanied by a **\$50** non-refundable application fee.

***YOUR \$50 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
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\_\_\_\_\_  
(Consumer printed name)

(Licensee SIGNATURE)	date
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\_\_\_\_\_  
(Licensee printed name)



# 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:** \_\_\_\_\_

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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:     /     /