Rental Application

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED!

FILL IN ALL INFORMATION REQUESTED. If an item is not applicable, please mark it "N/A". SIGNATURES ARE REQUIRED.

You may also apply online at https://sterlingpmi.com/applications-forms/rental-application/

APPLICANT: Please complete pages 1-7.

CO-APPLICANT: Please complete pages 8-12.

THE VERIFICATION OF EMPLOYMENT IS TO BE FILLED OUT BY STERLING. Only fill out Signature, date, and Social Security number (SECTIONS ARE IN "BOLD"). If you provide us with your last 4 paystubs you may mark this page "N/A." PLEASE DO NOT HAVE YOUR EMPLOYER COMPLETE THIS SECTION. STERLING PROPERTY MANAGEMENT WILL CONTACT YOUR EMPLOYER. If you are self-employed, please provide 1099's from your last tax return.

THE VERIFICATION OF RESIDENCE WILL ALSO BE FILLED OUT BY STERLING. Only fill out Signature and date (SECTIONS ARE IN "BOLD"). If you have not rented in the previous 5 years, please mark "N/A". PLEASE DO NOT HAVE YOUR LANDLORD COMPLETE THIS. STERLING PROPERTY MANAGEMENT WILL CONTACT YOUR LANDLORD.

QUALIFICATIONS/REQUIREMENTS

- 1. **CREDIT** SCORE MUST BE A MINIMUM OF 640
- 2. **INCOME** MUST BE AT LEAST 3 TIMES THE MONTHLY RENT
- 3. EMPLOYMENT VERIFICATION FROM EMPLOYER & PREVIOUS EMPLOYER (IF APPLICABLE) Provide last (4) pay stubs when submitting application for proof of income.

 (APPLICANT RESPONSIBLE FOR ANY FEE REQUIRED BY EMPLOYER)
- 4. **RESIDENCE VERIFICATION** FROM CURRENT LANDLORD & PREVIOUS LANDLORD
- 5. CLEAR CRIMINAL BACKGROUND
- 6. **IDENTIFICATION**
- 7. **SECURITY DEPOSIT** EQUAL TO ONE MONTH'S RENT

IN THE EVENT THAT YOU DO NOT MEET <u>ALL</u> THE QUALIFICATIONS AND REQUIREMENTS LISTED HEREIN ABOVE, THE LANDLORD MAY REQUIRE YOU TO HAVE A CO-SIGNER. THIS WOULD REQUIRE AN INDIVIDUAL WILLING TO ACCEPT RESPONSIBILITY OF THE LEASE IF YOU ARE UNABLE TO MEET YOUR OBLIGATIONS.

Sterling Property Management, Inc. 337 Lincoln Street Carlisle, PA 17013

Telephone: (717) 258-5800 Facsimile: (717) 258-5805

E-Mail: leasing@sterlingpmi.com

Rental Application

\$60.00 Application fee due per applicant (non-refundable)
Check or money order made out to Sterling Property Management.

Address of Rental Property:			
Applicant: Last Name	Trat4	34.11	
Last Name	First	Middle	Date of Application
Phone Number: Home	Cell_		
E-Mail:			·
Date of Birth://	Social Securit	y Number _	
Drivers License Number			_ (please provide copy)
Occupant's			
names and			
ages (Include			
children)			
Animal: YESNO	# of Anima	ls	
Animal Type:			
Present Address			_
City			
# of Years at present address	<u></u>		
Renting Buying Parent	:s		
Monthly Payments	Utilities Inc	luded	
Present Landlord		Phone #	
Address			
Dassan for Lagring			

D		,	IV-11	
Previous Landlord			Telephone	
	Job Infor			
Employer		Job	Title	
Address		City		Zip
How Long?	Income Gross	s	WkBi-Wk	_ Mo
Managers Name	Ph	one Numb	er	
Full Time Part-time	Unemployed	Retired		
Previous Employer if Les	s Than Two Years			
Address	City		Zip	
Phone	Manager		Income	
Reason for Leaving				
1616/a1614161416141614181414141414141414141414	(izialla) alianananananananananananananananananana		!!\$\$\!\$\$\!\$\$\!\#\!\#\!\#\!\#\!\#\!\#\!\#	
n IN CLI	Credit Ref			
Bank Name: Checking		avings		
Loans (Auto, Student, Per	rsonal, etc.)			
		_		
Туре	Lender's name			
Туре	Lender's name			
Credit Card (Visa, Maste Company				
Have you or anyone inclu	ded on this application	n ever:		
Filed Bankruptcy	Been Evicted	Ref	used to pay rent_	

	Criminal History	
Have you or anyone included on th	nis application ever beer	convicted of a felony?
yesno If yes, please	describe:	
and and an earliest and the test test and and test and an earliest and test and test and test and and an earliest and	Personal References	7147.81.81.81.81.81.81.81.81.81.81.81.81.81.
(Name, Address, Co.	ntact Number, Occupat	ion & Relationship)
1		
2		
3		
Nearest Relative (not living w/ you)	
Relation	Ph	
(III) (IIII) (III) (III) (III) (III) (III) (III) (III) (III) (III) (IIII) (III) (IIII) (III) (IIII) (III) (III) (III) (IIII) (III) (III) (III) (III) (III) (III) (IIII) (III) (III) (III) (III)	Nehicle Information	81.511.41.41.61.61.61.61.61.61.61.61.61.61.61.61.61
Make/Model of Vehicle		Plate #
W.7EB.T		
VIN		
		Plate #

Disclosure & Information

Pursuant to State and Federal Laws, it is an unlawful discriminatory practice for a person to discriminate against a prospective occupant or user in the terms or conditions of leasing any housing accommodation of commercial property to a elicit information, make of keep any record of a form containing questions regarding race, religious creed, ancestry, sex, national origin, handicap or disability, or marital status (children under 18).

It is also unlawful to refuse to lease housing accommodation or commercial property to a person due to the use of a guide animal because of the blindness or deafness of a user, of

use of a support animal because of a physical handicap of the user of because a person is a handler or trainer of support or guide animals.

It is also an unlawful discriminatory practice to evict or attempt to evict an occupant of a housing accommodation before the end of the term of the lease because of pregnancy or birth of a child.

Applicants acknowledge that if they present false information, Landlord may reject the application and keep the deposit money.

At the request of the landlord, I understand that a check of my rental history and/or credit history will be performed by the Credit Bureau of York & Adams County and other sources. This check will be performed in accordance with the provision of Federal Fair Credit Reporting Act.

I have read and agreed to the provisions as stated above.

I/We hereby authorize the landlord, through Sterling Property Management, Inc. to request a detailed credit history from a credit reporting agency and a criminal background check from the State Police. I/We hereby provide my social security number(s) for those purposes.

Applicant Signature	Date	
Social Security Number		
nenanananananananananananananananananan	notice for <u>Tenants</u>	#1.#1.#1.\$1.\$1.\$1.\$1.\$1.#1.#1.#1.#1.#1.#1.#1.#1.#1.#1.#1.#1.#1
THIS IS NO	T A CONTRACT	
Sterling Property Management hereby stat are acting as an Agent of the Owner/Landl exclusive leasing agreement.		
I acknowledge I have been advised of this r	notice: (Consumer)	(Date)
I certify that I have provided this notice:	J. Michael Adler (Agent)	(Date)

Sterling Property Management 337 Lincoln Street Carlisle, PA 17013 (H) 717-258-5800 (F) 717-258-5805

Request for Employment Verification (Applicant: Please complete sections in "bold")

Name: First	Middle	Last	
following informat	a rental application from tion so that we may furth- inquiry is sincerely appro con	er process their application	on. Your cooperation in
Present Employer			
Manager			
Manager Signature			
Gross Income	Weekly	/ Bi-Weekly / Monthly	
Number of Years Em	ployed		
Additional Remarks			
	·		
		<u> </u>	<u> </u>
I authorize the relea	se of the above informa	tion to Sterling Proper	ty Management Inc.
Signature		Date Social	Security Number

Employer: Please return via facsimile to 717-258-5805

Sterling Property Management, Inc. 337 Lincoln Street Carlisle, PA 17013 (P) 717-258-5800 (F) 717-258-5805

Name

Request for Verification of Residence

(Applicant: Please complete sections in "bold")

An application has been submitted by the following individual for residency for one of our properties. The requested information is required to complete processing and approval of the applicant. All information received by this office is confidential. Thank You for your prompt reply.

-	First	Middle	Last				
Addre	ss of Leased Premises						
1. How long have they occupied the above residence?							
2.	2. Rental amount? Utilities incl.?						
3.	3. Were all payments made as agreed?						
	If not, please explain _						
4.							
5.	Were all terms of the le	ase fulfilled?	· -				
6.	6. Would you re-lease? If not, why?						
Additi	ional Remarks? Any bug	_	edbug, Roach, mice etc)				
Landle			Date:				
	THORIZE THE RELEATERLING PROPERTY		OVE REQUESTED INFORMATIO Γ, INC.)N TO			
Signa	ture:		Date:				

Landlord: Please complete and return via facsimile to 717-258-5805

Co-Applicant Information

Co-Applicant Name:			
Last Na	ame First	Middle	Maiden
Date of Birth://	Social Security	y Number	
Phone Number: Home	Work _	C	ell
E-Mail Address			
Drivers License Number			
Present Address	******		_
City		State	Zip
# of Years at present addres	s		
Renting Buying P	arents		
Monthly Payments	Utilities Inc	luded	
Present Landlord		Phone #	
Address	Ci	ty	Zip
Reason for Leaving			<u>.</u>
Previous Address			
VISTOLE VISLE UTINE IN THE RESISTANCE IN THE PROPERTY OF THE RESISTANCE IN			
	Job Informa	ation_	
Employer	Job Ti	tle	
Address	City		Zip
How Long?	Income Gross _	Wk	_Bi-WkMo
Managers Name	Phor	ne Number	
Full Time Part-time	Unemployed	Retired	
Previous Employer if Less T	han Two Years		
Address	City		Zip
Phone	Manager	Inco	ome
Reason for Leaving			

Credit References Bank Name: Checking Savings Loans (Auto, Student, Personal, etc.) ____ Type Lender's name Type Lender's name Credit Card (Visa, Master, Discover, etc.) _____ Company___ Have you or anyone included on this application ever: Filed Bankruptcy _____ Been Evicted _____ Refused to pay rent _____ If yes, please explain ______ Criminal History Have you or anyone included on this application ever been convicted of a felony? yes ____ no If yes, please describe: Personal References (Name, Address, Contact Number, Occupation & Relationship) 1._____ 2._____ Nearest Relative (not living w/ you) Relation _____ Phone # _____ Y STOLETOLUS IN THE STOLET OF Vehicle Information Make/Model of Vehicle _____/__Plate # _____ Make/Model of Vehicle /_____ Plate # _____ VIN

Disclosure & Information

Pursuant to State and Federal Laws, it is an unlawful discriminatory practice for a person to discriminate against a prospective occupant or user in the terms or conditions of leasing any housing accommodation of commercial property to a elicit information, make of keep any record of a form containing questions regarding race, religious creed, ancestry, sex, national origin, handicap or disability, or marital status (children under 18).

It is also unlawful to refuse to lease housing accommodation or commercial property to a person due to the use of a guide animal because of the blindness or deafness of a user, of use of a support animal because of a physical handicap of the user of because a person is a handler or trainer of support or guide animals.

It is also an unlawful discriminatory practice to evict or attempt to evict an occupant of a housing accommodation before the end of the term of the lease because of pregnancy of birth of a child.

Applicants acknowledge that if they present false information, Landlord may reject the application and keep the deposit money.

At the request of the landlord, I understand that a check of my rental history and/or credit history will be performed by the Greater Harrisburg Credit Bureau and other sources. This check will be performed in accordance with the provision of Federal Fair Credit Reporting Act.

I have read and agreed to the provisions as stated above.

I/We hereby authorize the landlord, through Sterling Property Management, Inc. to request a detailed credit history from a credit reporting agency and a criminal background check from the State Police. I/We hereby provide my social security number(s) for those purposes.

Co-Applicant Signature	Date	,
Social Security Number	_	
tenetestamentenananananananananananananananananana	reseases and the second se	tisht shart is the half are all all artishes had been shartes the sheet she had been shartes the sheet she she
Sterling Property Management hereby state are acting as an agent of the Owner/Land exclusive leasing agreement.	_	
I acknowledge I have received this notice:		
	(Consumer)	(Date)
I certify that I have provided this notice:	J. Michael Adler	<u> </u>

(Agent)

(Date)

Sterling Property Management 337 Lincoln Street Carlisle, PA 17013 (H) 717-258-5800 (F) 717-258-5805

Request for Employment Verification

(Co-Applicant: Please complete sections in "bold")

Name: First	Middle	L	ast
following informat	ion so that we may furtheinquiry is sincerely appre	er process their	ned individual. Please verify the application. Your cooperation in ormation received in our office is
Present Employer			
Manager			
Manager Signature _			
Gross Income	Weekly	/ Bi-Weekly /	Monthly
Number of Years Em	ployed		
Additional Remarks _			·
I authorize the relea	se of the above informa	ition to Sterling	g Property Management Inc.
Signature		Date	Social Security Number

Employer: Please return via facsimile to 717-258-5805

Sterling Property Management, Inc. 337 Lincoln Street Carlisle, PA 17013 (P) 717-258-5800 (F) 717-258-5805

Request for Verification of Residence

(Co-Applicant: Please complete sections in "bold")

An Application has been submitted by the following individual for residency for one of our properties. The requested information is required to complete processing and approval of the applicant. All information received by this office is confidential. Thank You for your prompt reply.

1 14444	First	Middle	Last	
Addre	ess of Leased Premises _			
7.	How long have they of	occupied the above res	idence?	
8. Rental amount? Utilities incl.?				
10	O. Condition of the reside	ence when vacated		
	ional Remarks?			
Landl			Date:	_
	THORIZE THE RELE FERLING PROPERT		VE REQUESTED INFORMATIONC.	ON TO
Signa	ture:		Date:	

Landlord: Please complete and return via facsimile to 717-258-5805

Hold Deposit Agreement

I (we)	agree to pay a
HOLD DEPOSIT on the property located at:	
This HOLD DEPOSIT, in the amount of:	 (\$) dollars
represents the required "hold" deposit. This payme check) Check # and a receipt is acknowl This payment will stop any future showings of the will be paid into Sterling Property Management's expressions.	nt has been made by check or money order (if edged by this agreement. unit to other prospective tenants. This amount scrow account at Belco Community Credit
Union (Account # 1100259) in which you are required credited as your security deposit if your application	
*If your completed application is not approved,	this amount will be refunded to you.
*If your incomplete application is not completed submitted within 20 days from the date the hold deposit and this amount is considered by both La fairly compensating Landlord and Management *If you are approved and do not sign a lease for of the unit, you forfeit the entire hold deposit and Landlord & Tenant to be a liquidated sum fairly Company for any and all damages.	is placed, you will forfeit the entire hold andlord & Tenant to be a liquidated sum Company for any and all damages. the unit within 20 days and take possession d this amount is considered by both
I/We understand and agree that if any additiona needs to be completed, additional charges may b have read and understand this agreement.	
	Date
Applicant	
Co-Applicant	Date
Со-Аррисаці	
J. Michael Adler Sterling Property Management, Inc President	. Date
Sterning I roperty management, the " I resident	

Form W-9

(Rev. December 2014)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

	1 Nar	me (as shown on your income tax return). Name is required on this line; do no	ot leave this line blank.		i v
Print or type See Specific Instructions on page 2.	2 Bus	siness name/disregarded entity name, if different from above			
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: ☐ Individual/sole proprietor or ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate single-member LLC ☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ► Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.			4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) Exemption from FATCA reporting code (if any) (Applies to accounts maintained outside the U.S.)	
<u> </u>		Other (see instructions) > dress (number, street, and apt. or suite no.)		Requester's name a	and address (optional)
ecit	5 Au	cress (normer, street, and upter or outer no.)			
See Sp	6 Cit	y, state, and ZiP code		!	
	7 Lis	st account number(s) here (optional)) (A)	
Par		Taxpayer Identification Number (TIN) TIN in the appropriate box. The TIN provided must match the name			curity number
backu reside entitie TIN o Note guide	up with ent alie es, it is n page If the	nholding. For individuals, this is generally your social security numbers, sole proprietor, or disregarded entity, see the Part I instructions as your employer identification number (EIN). If you do not have a number 3. account is in more than one name, see the instructions for line 1 aron whose number to enter.	er (SSN). However, to on page 3. For other other of the period of the pe	ta or	identification number
	ŧΙΙ	Certification			
Unde	r pena	alties of perjury, I certify that: ober shown on this form is my correct taxpayer identification numbe	r (or Lam waiting for	a number to be is	sued to me): and
2: la Se	m not	nber shown on this form is my correct taxpayer identification number t subject to backup withholding because: (a) I am exempt from back (IRS) that I am subject to backup withholding as a result of a failure er subject to backup withholding; and	up withholding or (\ I have not been	notified by the Internal Revenue
3. Ta	am a U	J.S. citizen or other U.S. person (defined below); and		_	
4. Th	e FAT	CA code(s) entered on this form (if any) indicating that I am exempt	from FATCA reporti	ng is correct.	
beca inter- gene	use yo est pai erally, p	on instructions. You must cross out item 2 above if you have been bu have falled to report all interest and dividends on your tax return. id, acquisition or abandonment of secured property, cancellation of payments other than interest and dividends, you are not required to son page 3.	debt contributions	iactions, item z uc io an individual ret	irement arrangement (IRA), and
Sig		Signature of	n	ate ▶	
	nera	u.s. person > al Instructions		·	98-E (student loan interest), 1098-T
Secti	ion refe	rences are to the internal Revenue Code unless otherwise noted.	• Form 1099-C (cance	led debt)	

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

• Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

- 1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
 - 2. Certify that you are not subject to backup withholding, or
- 3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- 4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See What is FATCA reporting? on page 2 for further information.