

# Rental Application

## INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED!

### We accept: Check & Money Orders

FILL IN ALL INFORMATION REQUESTED. IF AN ITEM IS NOT APPLICABLE, MARK "N/A".  
SIGNATURES ARE REQUIRED.

STUDENT APPLICANT: PLEASE COMPLETE PAGES 1-4.

CO-APPLICANT: PLEASE COMPLETE PAGES 5-7.

IF YOU ARE PUTTING A "HOLD DEPOSIT" ON THE PROPERTY IN ORDER FOR STERLING TO TAKE THE PROPERTY OFF THE MARKET, THE HOLD DEPOSIT AGREEMENT MUST BE COMPLETED. IF APPROVED THE HOLD DEPOSIT WILL BE CREDITED AS THE SECURITY DEPOSIT.

### QUALIFICATIONS/REQUIREMENTS

1. **CO-APPLICANT: CREDIT SCORE MINIMUM OF 640**
2. **YOUR INCOME MUST BE AT LEAST 3 TIMES THE MONTHLY RENT**
3. **CLEAR CRIMINAL BACKGROUND**
4. **APPLICATION FEE - \$60.00 fee per application (non refundable) – Made payable to Sterling Property Management, Inc. (separate from Security Deposit)**
5. **HOLD DEPOSIT/SECURITY DEPOSIT EQUAL TO ONE MONTH'S RENT – Made payable to Sterling Property Management, Inc. (separate from Application Fee)**
6. **IDENTIFICATION: Must provide copy of government or state issued identification for both student and co-signer when submitting application.**
7. **W-9 FORM – Must be submitted with Hold/Security Deposit.**

IN THE EVENT THAT YOU DO NOT MEET ALL THE QUALIFICATIONS AND REQUIREMENTS LISTED HEREINABOVE, THE LANDLORD MAY REQUIRE YOU TO ACQUIRE A DIFFERENT CO-SIGNER. THIS WOULD REQUIRE AN INDIVIDUAL WILLING TO ACCEPT RESPONSIBILITY OF THE LEASE IF YOU ARE UNABLE TO MEET YOUR OBLIGATIONS. ALL STUDENTS ARE REQUIRED TO HAVE A CO-SIGNER.

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Sterling Property Management, Inc.

337 Lincoln Street

Carlisle, PA 17013

Telephone: (717) 258-5800

Facsimile: (717) 258-5805

E-Mail : [shipleasing@sterlingpmi.com](mailto:shipleasing@sterlingpmi.com)

Website: <http://www.sterlingpmi.com/>

#### **Rental Application**

**\$60.00 Application fee due per applicant (non-refundable)**

**Check or money order made out to Sterling Property Management.**

WERE YOU REFERRED BY A CURRENT STERLING TENANT?

YES \_\_\_\_\_ NO \_\_\_\_\_

If answered YES, who? \_\_\_\_\_

Property Address: \_\_\_\_\_

Date: \_\_\_\_\_

Applicant: \_\_\_\_\_  
Last Name First Middle Maiden

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Social Security Number \_\_\_/\_\_\_/\_\_\_

Drivers License Number \_\_\_\_\_ (please provide copy)

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Numbers: \_\_\_\_\_ (home) \_\_\_\_\_ (cell)

E-Mail: \_\_\_\_\_

Occupants (include Applicant as 1)	E-Mail Address	Contact # (Cell)
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1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

4 \_\_\_\_\_

5 \_\_\_\_\_

6 \_\_\_\_\_

Criminal History

Have you or anyone included on this application ever been convicted of a felony?

\_\_\_\_\_ yes \_\_\_\_\_ no if yes, please describe: \_\_\_\_\_

Student Applicants fill out the Following Information

Parents Name: \_\_\_\_\_ Phone \_\_\_\_\_

                                    Last                                    First                                    MI

Address \_\_\_\_\_

                                    Street  City                                    State                                    Zip

Personal References

(Name, Address, Contact Number, Occupation & Relationship)

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

Nearest Relative (not living with you) \_\_\_\_\_

Relation \_\_\_\_\_ Ph. \_\_\_\_\_

Vehicle Information

Year/Make/Model \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Plate # \_\_\_\_\_

VIN \_\_\_\_\_ Registered To: \_\_\_\_\_

Disclosure

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 these Purposes.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Social Security Number \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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Consumer Notice for Tenants

(This is not a contract)

Sterling Property Management hereby states that with respect to its rental properties we are acting as an agent of the Owner/Landlord pursuant to a property management or exclusive leasing agreement.

I acknowledge I have been advised of this notice: \_\_\_\_\_  
(Consumer) (Date)

I certify that I have provided this notice: J. Michael Adler  
(Agent) (Date)

Co-Applicant Information

Co-Applicant Name: \_\_\_\_\_  
Last Name First Middle Maiden

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Social Security Number \_\_\_ - \_\_\_ - \_\_\_

Drivers License Number \_\_\_\_\_ (please provide copy)

Present Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Numbers: \_\_\_\_\_ (home) \_\_\_\_\_ (cell) \_\_\_\_\_ (work)

E-Mail: \_\_\_\_\_

Job Information

Employer \_\_\_\_\_ Job Title \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

How Long? \_\_\_\_\_ Income Gross \_\_\_\_\_ Wk. \_\_\_ Bi-Wk \_\_\_ Mo \_\_\_

Managers Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Full Time \_\_\_ Part-time \_\_\_ Unemployed \_\_\_ Retired \_\_\_

Credit References

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)

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1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Nearest Relative (not living with you) \_\_\_\_\_

Relation \_\_\_\_\_ Ph. \_\_\_\_\_

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Disclosure

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 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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Consumer Notice for Tenants

(THIS IS NOT A CONTRACT)

Sterling Property Management hereby states that with respect to its rental properties we are acting as an agent of the Owner/Landlord pursuant to a property management or exclusive leasing agreement.

I acknowledge I have received this notice: \_\_\_\_\_  
(Consumer) (Date)

I certify that I have provided this notice: J. Michael Adler  
(Agent) (Date)

**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 payment has been made by check /cash/money order (if check) Check # \_\_\_\_\_ and a receipt is acknowledged by this agreement. This payment will stop any future showings of the unit to other prospective tenants. This amount will be paid into Sterling Property Management's escrow account at Belco Community Credit Union (Account # 1100259) in which you are required to complete a W-9 form for and will be credited as your security deposit if your application is approved and lease is signed.

**\*If your completed application is not approved, this amount will be refunded to you.**

**\*If your incomplete application is not completed and all requested paperwork/monies submitted within 20 days from the date the hold is placed, you will forfeit the entire hold deposit and this amount is considered by both Landlord & Tenant to be a liquidated sum fairly compensating Landlord and Management Company for any and all damages.**

**\*If you are approved and do not sign a lease for the unit within 20 days and take possession of the unit, you forfeit the entire hold deposit and this amount is considered by both Landlord & Tenant to be a liquidated sum fairly compensating Landlord and Management Company for any and all damages.**

**I/We understand and agree that if any additional paperwork, i.e., Addendum to Lease, needs to be completed, additional charges may be assessed to the property account. I/We have read and understand this agreement.**

\_\_\_\_\_  
**Applicant** Date \_\_\_\_\_

*J. Michael Adler* \_\_\_\_\_  
**Sterling Property Management, Inc. - President** Date \_\_\_\_\_



## Request for Taxpayer Identification Number and Certification

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

Print or type See Specific Instructions on page 2.	<b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	<b>2</b> Business name/disregarded entity name, if different from above	
	<b>3</b> Check appropriate box for federal tax classification; check only <b>one</b> of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> 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. <input type="checkbox"/> Other (see instructions) ▶	<b>4</b> 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) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	<b>5</b> Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	<b>6</b> City, state, and ZIP code	
	<b>7</b> List account number(s) here (optional)	

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

<b>Social security number</b>									
or									
<b>Employer identification number</b>									

**Note.** If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://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 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- 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.