Newton Property Management Inc. 420 W. Yosemite Avenue Madera, Ca 93637 559-673-7576 or Fax 559-673-7575 newtonproperty4u@aol.com

APPLICATION PROCESS

Thank you for your interest in one of our rental properties. In order to efficiently qualify you, we will need the following items to complete your application. SHOULD YOU NOT COMPLETE any of the information (I.e. landlords phone number or your work number) your application will be disqualified and we will proceed to the next application.

Credit Report:

\$30.00 for each adult 18 & over applying (Non-refundable after 30 days of denial Or notification of prior applicant approval)

EXACT CASH OR MONEY ORDER (ONLY)

Check Stubs:

Prior 2 months for each working adult

For consideration, gross income for all adults must be 3x or more of the rent of home you are applying for.

Original:

Driver's license &
Social Security Card

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AUTHORIZATION TO RELEASE INFORMATION

I/we give authorization to	Newton Property Managen	nent to inquire about the
	following information:	•

* T	o my current and former	employees	regarding	employment	history,	including
		income ai	nd schedul	e.		

* To my present and former landlord regarding my rental history.

* To obtain a copy of my credit report from any consumer reporting agency.

1st applicant's name (please print)	Signature	Date
2 nd applicant's name (please print)	Signature	Date
3 rd applicant's name (please print)	Signature	Date

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ALL OF OUR PROPERTIES ARE 1 YEAR LEASE

(50% OF DEPOSIT IS NON-REFUNDABLE, IF YOU CANCEL YOUR APPLICATION ONCE YOU HAVE BEEN APPROVED/HELD)

1. RENTAL ADDRESS:	DEDOCIT.	M	WE IN DATE	
RENT AMOUNT: 2. TENANT INFORMATION		·		
*FULL NAME:			_ DOB	PH#
EMPLOYMENT:	·			
HOW LONG:	*			
*FULL NAME:				
EMPLOYMENT:		•		
HOW LONG:				· ·
*FULL NAME:	SSN#:_		DOB	PH#
EMPLOYMENT:				
HOW LONG:	,			
*TOTAL # OF PERSON(S) OC	•			
*PETS: (PLEASE DESCRIBE)				-
· · · · · · · · · · · · · · · · · · ·	ANIMALS UNACCEPTAB	* *		
<u> </u>				·
				•
3. Applicants Email:				
RESIDENCE:				:
*PRESENT ADDRESS:		CITY:	STATE:	ZIP:
HOW LONG: M			•	
*PRIOR ADDRESS:	· .	CITY:	STATE:	ZIP:
HOW LONG: M	ANAGER:	P	PHONE:	·
ANY PAST OR PRESENT CR	· ·			
IF YES PLEASE EXPLAIN:				-
4. TENANT AUTHORIZATI	ON all of the information is	true and correct t	o the best of my/	our knowledge.
I/we give the owners a	nd their agents, <u>Newto</u>	n Property Manage	ement, permissio	n to verify any and all
information contained	herein and to obtain an	y additional inform credit verification.		this screening and to
Applicant's Signature _			Date:	
Applicant's Signature _			Date:	
A!:			Data:	
Applicant's Signature _	<u> </u>		Date	

