

Dear Applicant,

Thank you for your interest in the property managed by Esquire Property Management. The following is a checklist of the necessary documentation required to process your application. Please note this documentation is required for each applicant over 18 years of age:

_____ A copy of your driver's license or a valid photo ID card

_____ A copy of 3 months bank statements

_____ A copy of 2 current check stubs or last year's tax return forms

_____ A signed landlord reference letter form for each applicant (unless all addresses have been the same) You can retrieve this form from our website

Please fill out the entire application as accurate as possible. For additional information, please contact Esquire Property Management (805) 482-3209. Thank you.

Sincerely,

Tracy Guillen
Property Manager

APPLICATION TO RENT

(FIRST, LAST, MI) NAME			SOCIAL SECURITY		(area code) CELL PHONE/PAGER			
DATE OF BIRTH	DRIVERS LICENSE NO.	STATE	(area code) HOME PHONE		(area code) WORK PHONE			
1	PRESENT ADDRESS	STREET		CITY		STATE	ZIP CODE	APT #
	DATE IN	DATE OUT	OWNER/MGR NAME		(area code) DAY PHONE		(area code) EVENING PHONE	
	REASON FOR MOVING						YOUR EMAIL ADDRESS	
2	PREVIOUS ADDRESS	STREET		CITY		STATE	ZIP CODE	APT #
	DATE IN	DATE OUT	OWNER/MGR NAME		(area code) DAY PHONE		(area code) EVENING PHONE	
	REASON FOR MOVING							
3	NEXT PREVIOUS	STREET		CITY		STATE	ZIP CODE	APT #
	DATE IN	DATE OUT	OWNER/MGR NAME		(area code) DAY PHONE		(area code) EVENING PHONE	
	REASON FOR MOVING							
LIST ALL PROPOSED OCCUPANTS INCLUDING YOURSELF	NAME		AGE	NAME		AGE		
PLEASE CHECK X IF YOU WILL HAVE ANY OF THE FOLLOWING AT RESIDENCE FOR WHICH YOU ARE APPLYING						DO YOU OR ANY OF YOUR ROOMMATES SMOKE?		
WATER BEDS <input type="checkbox"/> ANY PETS <input type="checkbox"/> TYPE _____						YES <input type="checkbox"/> NO <input type="checkbox"/>		
A	PRESENT OCCUPATION			EMPLOYER NAME				
	HOW LONG WITH THIS EMPLOYER			EMPLOYER ADDRESS				
	NAME OF YOUR SUPERVISOR			EMPLOYER (area code) PHONE NO.				
B	PRESENT OCCUPATION			EMPLOYER NAME				
	HOW LONG WITH THIS EMPLOYER			EMPLOYER ADDRESS				
	NAME OF YOUR SUPERVISOR			EMPLOYER (area code) PHONE NO.				
CURRENT GROSS INCOME \$ _____ PER		PLEASE CHECK "X" APPLICABLE PERIOD			PLEASE LIST ALL FINANCIAL OBLIGATIONS BELOW			
		WEEK <input type="checkbox"/>	MONTH <input type="checkbox"/>	YEAR <input type="checkbox"/>				
NAME OF YOUR BANK		(area code) PHONE NUMBER	CHECKING ACCOUNT NUMBER		SAVINGS ACCOUNT NUMBER			
NAME OF CREDITOR		ACCOUNT NUMBER	CREDITOR (area code) PHONE NUMBER		NO. PAYMENT	BALANCE	DATE OPENED	

IN CASE OF EMERGENCY NOTIFY		ADDRESS	(area code) PHONE	CITY	RELATIONSHIP	
PERSONAL REFERENCES		ADDRESS	(area code) PHONE	CITY	YEARS KNOWN	OCCUPATION
AUTOMOBILE NAME		MODEL	YEAR	LICENSE NUMBER	STATE	
MOTORCYCLE BOATS OR OTHER VEHICLES		TYPE	MODEL	YEAR	LICENSE NUMBER	STATE
HAVE YOU EVER BEEN EVICTED OR ASKED TO MOVE? YES <input type="checkbox"/> NO <input type="checkbox"/>			CIRCUMSTANCE			
HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES <input type="checkbox"/> NO <input type="checkbox"/>			EXPLAIN			
HAVE YOU EVER FILED FOR BANKRUPTCY YES <input type="checkbox"/> NO <input type="checkbox"/>			EXPLAIN			
DO YOU HAVE GOOD CREDIT? YES <input type="checkbox"/> NO <input type="checkbox"/>			EXPLAIN			
PLEASE CHECK X HOW YOU FIRST FOUND THIS RENTAL						
NEWSPAPER <input type="checkbox"/> SAW A FLYER <input type="checkbox"/> SAW A YARD SIGN <input type="checkbox"/> INTERNET <input type="checkbox"/> REFERRAL <input type="checkbox"/>						

APPLICANT REPRESENTS THAT ALL THE ABOVE STATEMENTS ARE TRUE AND CORRECT AND HEREBY AUTHORIZES VERIFICATION OF THE ABOVE ITEMS INCLUDING BUT NOT LIMITED TO OBTAINING OF A CREDIT REPORT AND AGREES TO FURNISH ADDITIONAL REFERENCES ON REQUEST. THE UNDERSIGNED MAKES APPLICATION TO RENT HOUSING ACCOMMODATIONS LOCATED AT _____ THE RENTAL FOR WHICH IS \$_____ PER MONTH AND UPON APPROVAL OF THIS APPLICATION AGREES TO SIGN A LEASE AGREEMENT AND PAY ALL SUMS DUE INCLUDING REQUIRED SECURITY DEPOSIT. (FIRST MONTH'S GARDENER FEE IF APPLICABLE). AND ALL CITY UTILITIES INCLUDING WATER, TRASH, SEWER AND STREET CLIPPINGS PICK-UP UPON SIGNING OF LEASE. APPLICANT AGREES TO PAY THE ABOVE FEES, EXCLUSIVE OF A FULLY PREPAID SECURITY DEPOSIT; THEREAFTER, BY THE FIRST DAY OF EVERY MONTH.

_____/_____/_____
 APPLICANT SIGNATURE DATE

ALL APPLICATIONS MUST BE COMPLETE BEFORE THEY WILL BE PROCESSED.

A COMPLETE APPLICATION INCLUDES THE FOLLOWING:

- 1) EXECUTED SIGNATURE
- 2) PROOF OF INCOME: PAY STUBS (TWO MONTHS), OR W-2 OR 1099
- 3) BANK STATEMENTS (THREE MONTHS)

As there may be others interested in this property, please print out all pages and FAX your completed and signed application to:

FAX 805-484-5497 or Mail to:

ESQUIRE PROPERTY MANAGEMENT
 4087 MISSION OAKS BLVD., SUITE A
 CAMARILLO, CA 93012

If you have any rental or application questions, please call Esquire Property Management 805-482-3209. Please email your questions to: info@Esquirepm.com



Instructions: Please type your name on the top part of this form and press the print button. After printing, please sign applicant's signature area and fax to (805) 484-5497 or email patty@esquirepm.com

Landlord Reference Letter

Landlord Reference for (Applicant)
I authorize my current/prior landlord to release the information requested about me below:

Applicant's signature

Dear Landlord,

Your name has been given to us as a reference for the above named individual. As a present/past Landlord of this person, would you please be so kind as to complete the information below and fax to (805) 484-5497.

Address of prior premises rented: _____

Length of residence: From _____ To _____

Rent payment history: ___ was always on time with the rent ___ was always late with the rent ___
___ was sometimes late with rent If yes, how many times? ___

Was proper notice given upon vacating? ___ Yes ___ No

Were there problems with housekeeping or complaints from neighbors? ___ Yes ___ No
If yes, please explain

Was there any damage done to the apartment? ___ Yes ___ No
If yes, please explain

Would you recommend this person as a tenant? ___ Yes ___ No
If yes, please explain

Any additional information about this tenant would be appreciated:

Signature of person releasing information

Please print name: _____ Title: _____

Phone number: _____ Date: _____

Signature: _____

Thank you for your attention to this matter and for your cooperation.