

C. L. DAVIES, INCORPORATED  
1260 Lake Blvd. Ste. #246  
DAVIS, CA 95616  
Phone: 530-750-3540  
Email: [CLDAVIES@CLDAVIESPROPERTIES.COM](mailto:CLDAVIES@CLDAVIESPROPERTIES.COM)  
ID#01878792

**APPLICATION TO RENT OR LEASE**

**Please provide all information and a copy of your PHOTO ID. There is a processing fee of \$30.00 for each individual/ \$40.00 for married couple due with the APPLICATION. This application will not be processed until the fee is paid. This fee is non-refundable.**

**The undersigned hereby makes an application to rent the property located at:  
(If applying for more than one property, list in order of preference)**

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(list property address(es) here)

Applicant name: \_\_\_\_\_

Spouse name: \_\_\_\_\_

Phone (CELL): \_\_\_\_\_ (home): \_\_\_\_\_

Email Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Spouse SSN \_\_\_\_\_

Names of other occupants: \_\_\_\_\_

Pets? Name, age and breed: \_\_\_\_\_

Do you or (if family application) anyone in your family smoke: \_\_\_\_\_ YES \_\_\_\_\_ NO

**RENTAL HISTORY**

Current address: \_\_\_\_\_ zip code: \_\_\_\_\_

Start: \_\_\_\_\_ End: \_\_\_\_\_ Reason for leaving?: \_\_\_\_\_

Name of owner or manager: \_\_\_\_\_ Phone: \_\_\_\_\_

Previous address: \_\_\_\_\_ zip code: \_\_\_\_\_

Start: \_\_\_\_\_ End: \_\_\_\_\_ Reason for leaving?: \_\_\_\_\_

Owner or manager: \_\_\_\_\_ Phone: \_\_\_\_\_

Previous address: \_\_\_\_\_ zip code: \_\_\_\_\_

Start: \_\_\_\_\_ End: \_\_\_\_\_ Reason for leaving?: \_\_\_\_\_

Owner or manager: \_\_\_\_\_ Phone: \_\_\_\_\_

Have you ever been evicted or refused to pay rent?: \_\_\_\_\_

**EMPLOYMENT/INCOME INFORMATION**

Your employment status:

Full time: \_\_\_\_\_ Part time: \_\_\_\_\_ Retired: \_\_\_\_\_ Unemployed: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address of employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Date employed: \_\_\_\_\_ Monthly salary: \_\_\_\_\_

Spouse's employment status:

Full time: \_\_\_\_\_ Part time: \_\_\_\_\_ Retired: \_\_\_\_\_ Unemployed: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address of employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Date employed: \_\_\_\_\_ Monthly salary: \_\_\_\_\_

Other income (parents, child support, alimony, financial aid, etc.):

Monthly income: \_\_\_\_\_ Source: \_\_\_\_\_

**EMERGENCY INFORMATION**

Name of person to contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Nearest relative: \_\_\_\_\_ Phone: \_\_\_\_\_

**AUTOMOBILE INFORMATION**

Make/Model: \_\_\_\_\_ Year: \_\_\_\_\_

Color: \_\_\_\_\_ License No.: \_\_\_\_\_

**I certify that all the information given above is true and correct and understand that my lease may be terminated if I have made any false or incomplete material statements on this application. I authorize the verification of the information provided in this application from my credit sources, credit bureaus, current and previous landlords and employers. This permission will survive the expiration of my tenancy. I understand that by paying all or part of the security deposit on this property, I am making a firm commitment to lease this property upon approval of my application. If I should decide not to rent the property following any payment of security deposit, I may forfeit all or part of the security deposit.**

Application signature: \_\_\_\_\_ Date: \_\_\_\_\_

Application signature: \_\_\_\_\_ Date: \_\_\_\_\_

# GUARANTEE OF RENTAL AGREEMENT

TO: CL DAVIES, INCORPORATED  
P. O. BOX 451  
DAVIS, CA 95617  
PHONE: (530) 750 - 3540

WE/I, \_\_\_\_\_, THE PARENT(S) OR GUARDIAN(S)  
OF \_\_\_\_\_, HEREBY ACCEPT FULL  
FINANCIAL RESPONSIBILITY FOR HIS/HER PORTION OF THE LEASE AT THE PROPERTY LOCATED AT  
\_\_\_\_\_.

WE/I UNDERSTAND AND AGREE THAT WE/I GUARANTEE TO FULLFILL ALL FINANCIAL OBLIGATIONS  
RELATED TO THIS LEASE INCLUDING PAYMENT OF RENT AND/OR PAYMENT FOR DAMAGES.

AS FINANACIAL GUARANTOR FOR OUR CHILD'S PORTION OF THIS LEASE, WE/I UNDERSTAND WE/I SHALL  
REMAIN OBLIGATED BY THE TERMS OF THIS GUARANTEE FOR THE ENTIRE PERIOD OF THE TENANCY AS  
PROVIDED IN THE RENTAL CONTRACT AND FOR ANY EXTENSIONS GRANTED PURSUANT THERETO.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINTED: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_  
HOME/CELL NUMBER  
\_\_\_\_\_

## EMPLOYMENT/INCOME

PRESENT  
EMPLOYER: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

POSITION: \_\_\_\_\_ SALARY PER MONTH: \_\_\_\_\_ HIRE DATE: \_\_\_\_\_

PHONE: \_\_\_\_\_ SUPERVISOR NAME: \_\_\_\_\_

ARE YOU SELF EMPLOYED? YES \_\_\_ NO \_\_\_ IF YES, YOU MUST PROVIDE A COPY OF LAST INCOME TAX RETURN

TYPE OF BUSINESS: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

I certify that all the information given above is true and correct and understand that my lease may be terminated  
if I have made any false or incomplete material statements on this application. I authorize the verification of the  
information provided in this application from my credit sources, credit bureaus, and employers.

Application signature: \_\_\_\_\_ Date: \_\_\_\_\_

Application signature: \_\_\_\_\_ Date: \_\_\_\_\_