

Carolina Place Apartments
217 Carolina Forest Blvd.
Jacksonville, NC 28546
(910) 238-2201 F:(910) 238-2209
CarolinaPlace@DTHmanagement.com



RENTAL APPLICATION

(Please Print Legibly)

Date Application Is Submitted: _____ Time: _____ AM PM Leasing Specialist: _____

Apt size desired: 1-Bedroom _____ 2-Bedroom _____ 3-Bedroom _____ Move-in Date Desired: _____

AREA/VIEW: _____ Pool View _____ 6- Month Lease
 GARAGE/STORAGE: _____ Detached Garage _____ Storage 4x4 _____ 4x7 _____ 6x7 _____ 8x7 _____
 FLOOR: _____ 1st floor _____ 2nd floor _____ 3rd floor

NAMES OF ALL OCCUPANTS (ROOMMATES MUST COMPLETE SEPARATE APPLICATIONS, PLEASE LIST LEASE HOLDER FIRST)

1)	Last	First	Middle	Date of Birth	Social Security No.	Relationship
2)	Last	First	Middle	Date of Birth	Social Security No.	Relationship
3)	Last	First	Middle	Date of Birth	Social Security No.	Relationship
4)	Last	First	Middle	Date of Birth	Social Security No.	Relationship

Contact Telephone number(s): _____

Contact E-mail(s): _____

CURRENT ADDRESS (MINIMUM 4 YEARS PREVIOUS ADDRESS HISTORY REQUIRED)

Number & Street Name	City	State	Zip Code	Phone	From	To
Name of Apts./Private Landlord/Mortgage Co.	Their Address			Phone	\$	Monthly Payment

PREVIOUS ADDRESS – HEAD OF HOUSEHOLD

Number & Street Name	City	State	Zip Code	Phone	From	To
Name of Apts./Private Landlord/Mortgage Co.	Their Address			Phone	\$	Monthly Payment

PREVIOUS ADDRESS - SPOUSE

Number & Street Name	City	State	Zip Code	Phone	From	To
Name of Apts./Private Landlord/Mortgage Co.	Their Address			Phone	\$	Monthly Payment

*** Have you ever been evicted from any leased premises? _____ Yes _____ No

EMPLOYMENT OF ALL ADULTS (MINIMUM 2 YEARS EMPLOYMENT HISTORY REQUIRED)

HEAD OF HOUSEHOLD – CURRENT EMPLOYER

Current Employer _____ How Long? _____
Business Address _____ Business Phone _____
Your Position _____ Salary \$ _____ Per _____

HEAD OF HOUSEHOLD – PREVIOUS EMPLOYER

Previous Employer _____ How Long? _____
Business Address _____ Business Phone _____
Your Position _____ Salary \$ _____ Per _____

SPOUSE – CURRENT EMPLOYER

Current Employer _____ How Long? _____
Business Address _____ Business Phone _____
Your Position _____ Salary \$ _____ Per _____

SPOUSE – PREVIOUS EMPLOYER

Previous Employer _____ How Long? _____
Business Address _____ Business Phone _____
Your Position _____ Salary \$ _____ Per _____

ADDITIONAL INCOME

Source of additional income _____ Amount \$ _____ Per _____

BANK INFORMATION – (IF USING TO HELP QUALIFY)

Checking Acct

	Bank Name	Location	City, State	Amt. of Assets
Savings Acct				

	Bank Name	Location	City, State	Amt. of Assets
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