

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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AUTOMOBILES **Make** **Model** **Year** **Color** **Plate #**

Description _____

Description _____

EMERGENCY CONTACT - Whom may we contact in case of personal emergency? (Someone not living with you.)

Name: _____ Relationship: _____

Address: _____

Street Address City State Zip

Home Phone (____) _____ Work Phone (____) _____

RESIDENT STATUS

Are you currently a U.S. Citizen? _____ Yes _____ No If not, please complete below:

Head of Household Visa Type Visa # Expiration Date

Spouse Visa Type Visa # Expiration Date

PETS

Will you have any pets? _____ Yes _____ No If so, please complete below, and include recent vaccinations:

Type	Breed	Color	Weight	Male/Female	Name	Age

Type	Breed	Color	Weight	Male/Female	Name	Age

Resident Statement: The information on this form is used to determine anticipated income for approved occupancy. I/We have provided either an Employer's Verification of current anticipated annual income for each person set forth above or copies of their most recent federal income tax returns. I/We certify that the statements above are true and complete to the best of my knowledge and belief. I/We hereby authorize verification of the above information, as well as reference, credit and criminal background checks. I/We acknowledge that false information herein may constitute grounds for rejection of this application, termination of right of occupancy, and/or forfeiture of deposit and may constitute a criminal offense under the laws of this state. All persons and/or firms named may freely give any requested information concerning me and/or other adults applying for occupancy and I/we hereby waive all right of action for any consequences resulting from such information. I/We hereby pay \$_____ for the application processing fees. If for any reason Management declines this application, I/We understand that this application fee is non-refundable.

I/WE HAVE READ AND AGREE TO THE PROVISIONS AS STATED.

Applicant's Signature _____ Date _____

Management Representative _____ Date _____

Applicant's Signature _____ Date _____



(FOR OFFICE USE ONLY)

RENTAL FEES TO BE CHARGED

Monthly Apartment Rental \$ _____ First month Total Rental Charges (pro-rated) \$ _____
(subject to change depending on move-in date)

Additional Rental: _____ First full month Total Rental Charges \$ _____

_____ \$ _____ Non-refundable Application Fee \$ _____

_____ \$ _____ Non-refundable Reservation Fee \$ _____

_____ \$ _____ Security Deposit \$ _____

_____ \$ _____ Non-refundable Pet Fee \$ _____

Total monthly rental charges..... \$ _____ Other \$ _____

Applicant offers to lease the premises for a term of _____ months. Total payment due in advance of occupancy \$ _____

Move-in Date _____ Payment Tendered with application \$ _____

Address _____ **Estimated balance due in advance of occupancy** \$ _____