

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

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**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 \_\_\_\_\_

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**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
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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
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Type	Breed	Color	Weight	Male/Female	Name	Age
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**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 \$ \_\_\_\_\_

Additional Rental:

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Total monthly rental charges. . . . . \$ \_\_\_\_\_

Applicant offers to lease the premises for a term of \_\_\_\_\_ months.

Move-in Date \_\_\_\_\_

Address \_\_\_\_\_

First month Total Rental Charges (pro-rated) \$ \_\_\_\_\_

(subject to change depending on move-in date)

First full month Total Rental Charges \$ \_\_\_\_\_

Non-refundable Application Fee \$ \_\_\_\_\_

Non-refundable Reservation Fee \$ \_\_\_\_\_

Security Deposit \$ \_\_\_\_\_

Non-refundable Pet Fee \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

Total payment due in advance of occupancy \$ \_\_\_\_\_

Payment Tendered with application \$ \_\_\_\_\_

Estimated balance due in advance of occupancy \$ \_\_\_\_\_

DTH MANAGEMENT GROUP, LTD.  
P.O. Box 1567  
Dunn, NC 28335

**AUTHORIZATION TO RELEASE INFORMATION**

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First Name Name	Full Middle Name	Last
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Address

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Social Security Number	Birthdate
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Telephone Number

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

I hereby authorize any and all Agencies, Offices, Groups, Employers and/or Organizations to provide information regarding all income and benefits that I receive to **Carolina Place Apartments** also known as **DTH Management, LTD.** I also understand that a credit check and landlord reference check will be made and verification will be made concerning any police record(s) that may exist.

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Signature

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Date

\*\* Photocopies may be used as originals for verifications.

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(Initials)

# Carolina Place Apartments

## APPLICANT RENTAL HISTORY CHECK

Date: \_\_\_\_\_

To: \_\_\_\_\_

RE: Previous Rental History

The applicant listed below has applied for an apartment in our community. Please complete the information below concerning their rental history, in order for us to determine their eligibility. Thank you in advance for your prompt competition and return of this form.

Sincerely,

Carolina Place Apartments  
217 Carolina forest Blvd.  
P:(910) 238-2201 / F:(910) 238-2209

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

Move in Date: \_\_\_\_\_ Move out Date: \_\_\_\_\_

1. Monthly Rent: \$\_\_\_\_\_ Dates of Occupancy: \_\_\_\_\_ Lease Expires: \_\_\_\_\_
2. Late or NSF checks within the last 12 months? \_\_\_\_\_ Yes \_\_\_\_\_ No
3. Any Lease Violations Uncorrected? \_\_\_\_\_ Yes \_\_\_\_\_ No
4. Did Resident Give Proper Notice? \_\_\_\_\_ Yes \_\_\_\_\_ No
5. Any outstanding monies owed? \_\_\_\_\_ Yes \_\_\_\_\_ No
6. Is person named eligible to re-lease? \_\_\_\_\_ Yes \_\_\_\_\_ No

Name(s) on Lease: \_\_\_\_\_

Total Occupants: \_\_\_\_\_ Pets : \_\_\_\_\_ Pet rent: \_\_\_\_\_

Verified by: \_\_\_\_\_ Title: \_\_\_\_\_

**Permission is granted to obtain the above information. All information is confidential.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature Co-Applicant

\_\_\_\_\_  
Date