

Windsor Place Apartments

201 Windsor Place Circle
Randleman, North Carolina 27317
Phone: 336 495 5055
Email: windsorplace@dthmanagement.com
Fax: 336 495 5056

Prospective Resident

The procedure for becoming a resident at Windsor Place is as follows:

Phase 1:

1. Each adult applicant 18 years of year and older must prove a \$30.00 money order for the Screening process. The screening process consist of credit and criminal check, national eviction screening and a landlord reference(s). You should make yourself aware of your credit and criminal record beforehand if you think that something detrimental may prevent you from being accepted, since the money spent on the Credit/Criminal will not be refunded. You must provide a CURRENT State or Federal picture ID or Driver's license on each adult.
2. Please provide Birth Certificates on each person listed on the application.
3. Please make sure that you have included Social Security cards on each person listed on the application.
4. Please complete the Application pack including the Authorization to Release and sign and date it. Please make sure to your car's tag numbers on the application.
5. You must complete all of the forms in the packet if the pertain to your household. If they don't pertain to your household please place N/A on the form and sign and date it.
6. Please provide the name, phone and fax number for your employer or source of income. Management must verify your gross income from your employer. If you receive Social Security or SSI you must provide a current letter of income from the SSA. All income will be verified to make sure you are income qualified for a Tax Credit Apartment or a Market Apartment.
7. Please provide the names and phone numbers of all your Landlord. Management must contact them to obtain Landlord reference on each applicant. If you have only lived at home, we can accept a family member's landlord reference.
8. Please make sure that you provide management with a current phone number and a backup number where you can be reached if management needs to contact you.
9. If you have a checking account, management will need 6 months of consecutive statements all pages starting with the most recent checking account and the most recent savings account statement only the current month.

Phase 2:

1. Once you have been approved through the Owner's Screening Criteria, your income and assets must be approved to determine if you qualify for a Tax Credit apartment or a Market apartment. Once all the household income and asset information has been collected from you and a third party our home office has to verify the income and assets.
After income and assets have been verified, I will notify you to set up a time to finish your move in paperwork to complete the move in process. Please allow 24 to 48 business hours for approval of income and assts.

*Please fill out all documents, sign and date them before returning the packet incomplete
Paperwork cannot be processed.*

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LEASING APPLICATION APPLICANT INFORMATION

Date Received _____
Time Received _____
Application # _____

Name _____ Birth Date _____ SS# _____
Female/Male _____ Driver's License # _____ State Issued _____ Number of vehicles? _____
Current Address _____ City _____ State _____ Zip _____
How long at this address? _____ Home Phone # (____) _____ Cell Phone # (____) _____
Current Landlord _____ Address _____ City _____
State _____ Zip _____ Phone# (____) _____ Fax # (____) _____
Reason for moving _____
Are you a full time student _____ part-time student _____ not a student _____?
If yes, what school are you attending _____ number of hours _____
HAVE YOU EVER:
Been convicted of a felony? () Yes () No
Filed Bankruptcy? () Yes () No
Been evicted for tenancy? () Yes () No
If you have answered yes to any of the above, when and why? _____
Have you ever lived on a property managed by DTH Management Group, Ltd.? _____ If yes, when? _____
Name of the property _____ Apt. # _____
Previous residences for last 3 years:

Complete Address	Landlord	Landlord Phone/Fax #	Move in / out date

CO-APPLICANT INFORMATION

Name _____ Birth Date _____ SS# _____
Female/Male _____ Driver's Lic. # _____ State Issued _____ Number of vehicles? _____
Current Address _____ City _____ State _____ Zip _____
How long at this address? _____ Home Phone # (____) _____ Cell Phone # (____) _____
Current Landlord _____ Address _____ City _____
State _____ Zip _____ Phone# (____) _____ Fax # (____) _____
Reason for moving _____
Are you a full time student _____ part-time student _____ not a student _____
If yes, what school are you attending _____ number of hours _____
HAVE YOU EVER:
Been convicted of a felony? () Yes () No
Filed Bankruptcy? () Yes () No
Been evicted for tenancy? () Yes () No
If you have answered yes to any of the above, when and why? _____
Have you ever lived on a property managed by DTH Management Group, Ltd.? _____ If yes, when? _____
Name of the property _____ Apt. # _____

Previous residences for last 3 years:

Complete Address	Landlord	Landlord Phone/Fax #	Move in / out date

OTHER INTENDED OCCUPANTS OF APARTMENT:

Full Name	Relationship	Male/Female	Birth Date/ Age	SS #	Student Status: Full, Part or Not a Student

AUTOMOBILE INFORMATION:

Model	Make	Tag #	Color

IN CASE OF EMERGENCY, ILLNESS, OR ACCIDENT, PLEASE NOTIFY:

Name _____ Relationship _____ Phone # (____) _____
Address _____ City _____ State _____ Zip Code _____
Doctor _____ Phone # (____) _____ Hospital (____) _____

I (we) understand that this application must be filled out completely and accurately. I (we) certify the information provided is accurate and I (we) understand that any misrepresentations will disqualify me (us). I (we) further certify that the housing occupied on these premises will be my (our) sole residence and I (we) do not/will not maintain a separate subsidized rental unit at any other location.

By signing this application, I (we) hereby authorize the management (or it's agent) of this community, for purposes of this application, to contact and obtain any information required from any of the individuals or entities listed on this application, or from any other individuals or entities as may be required. Management further reserves the right to release this information for purposes of collecting outstanding debts.

I (we) understand that the managing agent will verify, in writing through a third party, the information provided on this application.

I (we) also understand that my (our) household wages are subject to being verified through third party source(s).

WARNING

Section 1001 of the Title 18, United States Code provides, "Whoever, in any matter within the jurisdiction any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device a material fact, or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statements or entry, shall be fined not more than \$10,000.00 or imprisoned not more than five years, or both.

Amount of Deposit \$ 300.00 Credit Report Fee \$ 30.00 per adult

(Not Applicable with Section 8) paid with application. Any receipt given for a deposit on the above property or for the first month's rent is issued subject to approval and acceptance of this application. Credit Report Fee is not refundable. If this application is accepted NO REFUND WILL BE MADE except to comply with state and federal guidelines. One full month's rent must be paid, lease signed and approved in advance before occupancy of the property. All rent is due and payable in advance at the community office on the FIRST DAY OF THE MONTH. By signing below, I (we) agree to the terms stated above.

Date possession of apartment desired: _____

BY SIGNING BELOW, I CERTIFY I HAVE READ AND UNDERSTAND ALL THE ABOVE.

Applicant _____ Date _____

Co-Applicant _____ Date _____

How did you hear about our apartment community? Newspaper Phonebook Resident Drive-by Website Business card
Flyer/Brochure Other Explain _____