



# Lodgepole Creek Apartments

## APPLICATION

**D&K MANAGEMENT, INC.**

P.O. Box 22849  
Knoxville, TN 37933



**Application must be filled out completely to be considered for residency.**

**APPLICATION FEE: \$30.00 Per Adult**

### OCCUPANT INFORMATION

	Name			Social Security Number	Birth date MM/DD/YYYY	Phone Number Home / Cell	Relationship
	First	Middle	Last				
1							SELF
2							
3							
4							

**Email Address (Applicant 1):** \_\_\_\_\_

**Email Address (Applicant 2):** \_\_\_\_\_

**Email Address (Applicant 3):** \_\_\_\_\_

**Email Address (Applicant 4):** \_\_\_\_\_

### RENTAL HISTORY – (Last 3 years, please include current address first)

Landlord Name & Phone Number	Your Address	Dates resided there
CURRENT		From : To:
PREVIOUS		From : To:
PREVIOUS		From: To:

### EMPLOYMENT INFORMATION

Occupant #	Occupation / Job Title	Employer Name & Address	Years employed	Supervisor Name	Phone Number

**INCOME INFORMATION (Please provide last 3 pay stubs per applicant)**

Current Income Amount	Weekly / Bi-Weekly Monthly or Yearly	Source	Proof of Income	
\$			Yes	No
\$			Yes	No
\$			Yes	No
\$			Yes	No
\$			Yes	No

**VEHICLE(S) INFORMATION**

Year	Make	Model	Color	Plate#	State	Auto Insurance Company

**PERSONAL REFERENCES – List 2 –Please do not list relatives**

Name	Address	Phone Number	Relationship	Years Known

**EMERGENCY CONTACTS**

Name	Address	Phone Number	Relationship	Years Known

**APPLICANT QUESTIONNAIRE**

Has any adult listed above ever filed bankruptcy?	Yes	No	If yes, when?
Has any adult listed above ever been evicted?	Yes	No	If yes, when?
Has any adult ever been convicted of a felony?	Yes	No	If yes, when?
Has any one ever been convicted of a criminal act that is specific to drugs, violence, and /or against children?	Yes	No	If yes, when? Please explain

Applicant(s) authorize D & K Management, Inc. and its staff to contact past and present landlords, employers, creditors, credit bureaus, references, and any other sources deemed necessary to investigate applicant. All information is true and accurate and complete to the best of the applicant(s) knowledge. Providing false information will be grounds for disqualification.

**ANY PERSON OR FIRM IS AUTHORIZED TO RELEASE INFORMATION ABOUT THE UNDERSIGNED UPON REPRESENTATION OF THIS FORM AT ANY TIME.**

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date