

# Briargreen Application for Residence

## All Information must be completed

Address Desired: \_\_\_\_\_  
App Fee Paid:\$ \_\_\_\_\_  
Move-In Date: \_\_\_\_\_  
Price Quoted: \_\_\_\_\_  
Date: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_ DL# and State: \_\_\_\_\_

Date Of Birth: \_\_\_\_\_ Social Security#: \_\_\_\_\_

Present Address: \_\_\_\_\_ Length of Residency: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_ Rent:\$ \_\_\_\_\_ Notice Given: \_\_\_\_\_

Landlord: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Previous Address: \_\_\_\_\_ Length of Residency: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_ Rent:\$ \_\_\_\_\_ Notice Given: \_\_\_\_\_

Landlord: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Salary: \_\_\_\_\_

Address: \_\_\_\_\_ Position: \_\_\_\_\_ Length of Employment: \_\_\_\_\_

Spouse: \_\_\_\_\_ Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Social Security: \_\_\_\_\_ DL# and State: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Salary: \_\_\_\_\_ Length of Employment: \_\_\_\_\_

Please lists names and birthdates of all other persons that will occupy the apartment: \_\_\_\_\_

Has any applicant ever gone by a different name?: \_\_\_\_\_ If yes, what name? \_\_\_\_\_

How did you hear about us: \_\_\_\_\_ Have you ever had a problem with bed bugs?: \_\_\_\_\_

Other than price what is most important to you in an apartment?: \_\_\_\_\_

Do you have a pet? \_\_\_\_\_ Type/Name/Weight: \_\_\_\_\_

Make/Model/Color of Vehicle (limit 2): \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone: \_\_\_\_\_ Address: \_\_\_\_\_

### Has any applicant or future resident ever:

Filed Bankruptcy Yes \_\_\_ No \_\_\_ Explain \_\_\_\_\_

Been Evicted Yes \_\_\_ No \_\_\_ Explain \_\_\_\_\_

Refused to pay rent Yes \_\_\_ No \_\_\_ Explain \_\_\_\_\_

Been Convicted of a felony Yes \_\_\_ No \_\_\_ Explain \_\_\_\_\_

Had past credit problems Yes \_\_\_ No \_\_\_ Explain \_\_\_\_\_

Lived outside of Alabama Yes \_\_\_ No \_\_\_ Explain \_\_\_\_\_

Do all applicants or future residents have a legal right to be in the United States? Yes \_\_\_ No \_\_\_

Additional applicants, other than spouses, must complete separate application forms. In the event applicant is rejected the security deposit will be returned. When an applicant selects an apartment we remove it from the market and hold it for the applicant until the move in date. The move-in date must be within (10) ten days. If we have held an apartment off the market at the applicants request and the applicant fails to take the said apartment the applicant will forfeit their \$200 deposit. Applicant does hereby authorize the investigation of all statement pertaining to minimum requirements contained in this application and does certify that all statements are true and correct. It is further understood that any misrepresentations, omissions, or falsifications is cause for rejection of the said application and lease and any deposits given will be forfeited. I further understand the application fee is non-refundable. We strictly reserve the right not to accept co-signers. No waterbeds are allowed. Renters insurance is highly recommended to all residents. NO apartments will be held for more than (10) ten days. We also reserve the right to run a criminal background check on all prospects. Any fees associated with credit/debit card processing are non-refundable.

Signature of Applicant: \_\_\_\_\_ Spouse: \_\_\_\_\_

Accepted: \_\_\_\_\_ Rejected: \_\_\_\_\_

Applicant notified of managements decision: \_\_\_\_\_

Eagles Management Inc.  
3316 Bob Wallace Ave. SW Ste B  
Huntsville, AL 35805

Criminal History Record Release

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
\_\_\_\_\_  
City State Zip

Date of Birth \_\_\_/\_\_\_/\_\_\_ Social Security # \_\_\_\_\_

Drivers License # and State: \_\_\_\_\_

I hereby authorize Eagles Management Inc. (and its authorized agent) to obtain any criminal history record information pertaining to me which may be in the files of any Federal, State, County, or Municipal Law Enforcement Agency.

I hereby waive any and all rights or claims I may have against Eagles Management Inc. its agents or employees, arising out of or resulting from the release, authorized or unauthorized, of the information received pertained to or in connection with the company's handling, processing, or investigation of my application with the company.

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

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