

Rental Application – Briargreen Apartments

Bring with your application:

- 1) Two forms of government issued IDs (driver’s license, social security card, birth certificate, passport, visa, etc.)
- 2) Proof of income (two recent paystubs, recent tax returns, etc.)
- 3) \$45 application fee per applicant (check, money order, or cashier’s check)

Minimum Requirements:

- 1) Established/good credit standing
- 2) Pass a criminal background check
- 3) Good previous rental history
- 4) Monthly gross income that is equal to 3x the rental amount.

Personal Information

NAME		DATE / /	ARE YOU A STUDENT?	MOVING DATE / /
DATE OF BIRTH / /	SOCIAL SECURITY NUMBER - -	DRIVER’S LICENSE	STATE	SIZE OF APARTMENT YOU ARE APPLYING FOR
PHONE NUMBER <input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK () -	ALT PHONE NUMBER <input type="checkbox"/> CELL <input type="checkbox"/> HOME <input type="checkbox"/> WORK () -	EMAIL		

Resident History

CURRENT ADDRESS		CITY	STATE	ZIP CODE
PROPERTY NAME	LANDLORD NAME	LANDLORD PHONE NUMBER () -		HOW LONG?
REASON FOR MOVING			MONTHLY RENT \$	NOTICE GIVEN?
PREVIOUS ADDRESS		CITY	STATE	ZIP CODE
PROPERTY NAME	LANDLORD NAME	LANDLORD PHONE NUMBER () -		HOW LONG?
REASON FOR MOVING			MONTHLY RENT \$	NOTICE GIVEN?
HAVE YOU LIVED OUTSIDE OF THE STATE OF ALABAMA? IF YES, WHERE?			ARE YOU LEGALLY ALLOWED TO RENT IN ALABAMA?	

Employment Information

EMPLOYER		HOW LONG?	INCOME \$ / per	
POSITION	SUPERVISOR		PHONE NUMBER () -	
ADDRESS		CITY	STATE	ZIP CODE
2 ND EMPLOYER		HOW LONG?	INCOME \$ / per	
POSITION	SUPERVISOR		PHONE NUMBER () -	
ADDRESS		CITY	STATE	ZIP CODE

Occupant Information

LIST ALL OTHER OCCUPANTS THAT WILL RESIDE AT THE APARTMENT		AGE	SEX
1)			
2)			
3)			
ANY PAST CREDIT PROBLEMS?		ANY BANCURPTCIES IN THE PAST 5 YRS? IF YES, WHEN?	
HAVE YOU, OR ANYONE LISTED ABOVE, EVER BEEN EVICTED FROM A LEASED PREMISE? IF YES, EXPLAIN			
HAVE YOU, OR ANYONE LISTED ABOVE, EVER GONE BY ANOTHER NAME? IF YES, EXPLAIN			
HAVE YOU EVER HAD ANY PROBLEMS RENTING?	EMERGENCY CONTACT	PHONE NUMBER	
		() -	
HOW DID YOU HEAR ABOUT US?			

Vehicles

VEHICLE #1	MAKE / MODEL (LIMIT OF 2)	YEAR	COLOR	LICENSE PLATE #	STATE
VEHICLE #2	MAKE/MODEL	YEAR	COLOR	LICENSE PLATE #	SATE

All adults 19 yrs of age must apply, if they plan on residing in the apartment. In the event that an applicant is denied, 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, which must be within ten (10) days. If we have held an apartment off the market for the applicant and the applicant fails to take the held apartment, the applicant forfeits their \$200 deposit. Applicant does hereby authorize the investigation of all statements pertaining to minimum requirements contained in this application and does certify that all statements are true and correct. It is further understood that any misrepresentation or omission is cause for rejection of said application and lease. I further understand the \$45.00 application fee is **NON-REFUNDABLE**. We strictly reserve the right not to accept co-signers. Renter's insurance is highly recommended to all residents. **ALL SECURITY DEPOSITS MUST BE PAID BY MONEY ORDER OR CASHIER'S CHECK.**

I, the undersigned, authorize Eagles Management Inc., the Landlord and its authorized agents to obtain an investigative consumer credit report including, but not limited to, credit history, OFAC search, landlord/tenant court record search, criminal record search, and registered sex offender search. Information provided may be in files of any Federal, State, County or Municipal Law Enforcement Agency. I authorize the release of information from previous or current landlords, employers, and bank representatives. This investigation is for resident screening purposes only and is strictly confidential.

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.

Printed Name

Applicant Signature

Date