



Phone 480-655-0904

Fax 1-888-456-4097

Email address: ABR@ABetterRealty.Net

44 South 83th Place, Mesa, AZ 85208

RENTAL CRITERIA FOR A BETTER REALTY . NET

No Application is accepted without the following information:

1. Current Credit Report pulled by A Better Realty . Net
2. Criminal Background check, a copy of current driver's license or state photo ID must be submitted with application.
3. Employment verification for each person: use form attached, attach 2 month of current pay stubs, self employed tenants must provide the prior year's tax return and 3 months of bank statements.
4. Current landlord history verification

*Most applicants can be processed within 72 hours (business days). The timelines for our approval will depend on the cooperation of those responsible for providing the above information.

APPLICATIONS MAY BE DENIED FOR ANY ONE OF THE FOLLOWING:

- Applicants exceeding the occupancy standard of 2 persons per bedroom.
- Failure to provide prior landlord history verification.
- Failure to provide proof of employment and/or income.
- Request for a move-in date less than 24 business hours from date of application.
- More than one hour (4) Non-related adults (18 or older) requesting residence at the same property.
- More than Two (2) pets. Must be approved breed.

APPLICATIONS WILL BE DENIED FOR ANY ONE OF THE FOLLOWING:

- Prior eviction for non-compliance or judgment and/or non-payment of rent
- Ownership of pets on the dangerous or aggressive breed list or breeds not approved by insurance company
- Monthly income less than 2.5 times the requested rental rate.
- Registered felony charge or excessive criminal activity, regardless of conviction or category.
- Any applicant under the age of 18 requesting sole occupancy.
- Failure to provide appropriate and current documentation.
- Failure to provide payment for application, at time application is submitted.
- Failure to move in within 14 days of application approval.

APPLICATION FEES ARE NON-REFUNDABLE; FEES ARE DUE AT TIME OF SUBMITTING APPLICATION. CASH OR MONEY ORDER, NO PERSONAL CHECKS OR BUSINESS CHECKS ACCEPTED. A COPY OF YOUR CURRENT DRIVER'S LICENSE IS REQUIRED WHEN APPLICATION IS SUBMITTED.



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Property Address Applying for: _____

PERSONAL INFORMATION

LEGAL NAME

LAST FIRST MIDDLE

SOCIAL SECURITY NO DRIVERS LIC. NUMBER COPY Y N

ADDRESS

CITY STATE ZIP BIRTHDATE

RES PHONE FAX CELL PHONE

Email address

GENERAL INFORMATION

ANIMALS NUMBER TYPE SMOKER YES NO

CAR MAKE YEAR MODEL COLOR LIC. NUMBER

CAR MAKE YEAR MODEL COLOR LIC. NUMBER

SPOUSE / OTHER PERSON INFORMATION

LEGAL NAME

LAST FIRST MIDDLE

SOCIAL SECURITY NO DRIVERS LIC. NUMBER COPY Y N

ADDRESS

CITY STATE ZIP BIRTHDATE

RES PHONE FAX CELL PHONE

Email address

Other occupants who will be living in the home, you must supply social security numbers and birth dates.

Name: _____ SSN: _____ Date of Birth _____

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Name: _____ SSN: _____ Date of Birth _____

EMPLOYMENT INFORMATION

IF EMPLOYED LESS THAN TWO YEARS, PLEASE GIVE INFORMATION ON PRIOR OCCUPATION

PRESENT OCCUPATION FAX

EMPLOYER SUPERVISOR

SELF EMPLOYED DBA TITLE

BUSINES ADDRESS CITY STATE ZIP

TYPE OF BUSINESS FROM TO

MONTHLY GROSS INCOME PLEASE ATTACH PAYSTUBS Y N

PRIOR OCCUPATION FAX BUSINESS PHONE

EMPLOYER SUPERVISOR

SELFEMPLOYED DBA TITLE

BUSINESS ADDRESS CITY STATE ZIP

TYPE F BUSINESS MONTHLY GROSS INCOME FROM TO



SPOUSE / OTHER PERSON INFORMATION

IF EMPLOYED LESS THAN TWO YEARS, PLEASE GIVE INFORMATION ON PRIOR OCCUPATION

PRESENT OCCUPATION				FAX
EMPLOYER				SUPERVISOR
SELF EMPLOYED DBA				TITLE
BUSINESS ADDRESS	CITY	STATE	ZIP	
TYPE OF BUSINESS	FROM		TO	
MONTHLY GROSS INCOME	PLEASE ATTACH PAYSTUBS			Y N
PRIOR OCCUPATION	FAX	BUSINESS PHONE		
EMPLOYER				SUPERVISOR
SELFEMPLOYED DBA				TITLE
BUSINESS ADDRESS	CITY	STATE	ZIP	
TYPE F BUSINESS	MONTHLY GROSS INCOME	FROM	TO	

References

Current address	CITY	STATE	ZIP	
LANDLORD / AGENT	FAX	PHONE	FROM	TO
ADDRESS	CITY	STATE	ZIP	
PREVIOUS ADDRESS	CITY	STATE	ZIP	
LANDLORD / AGENT	FAX	PHONE	FROM	TO

CREDIT

BANK	CHECKING	SAVINGS	ACCOUNT NO.	
ADDRESS	CITY	STATE	ZIP	
CREDIT REFERENCE	HIGHEST AMT OWEDS		ACCOUNT NO.	
ADDRESS	CITY	STATE	ZIP	
PURPOSE OF CREDIT	ACCT OPENED		CLOSED	
BANK	CHECKING	SAVINGS	ACCOUNT NO.	
ADDRESS	CITY	STATE	ZIP	
CREDIT REFERENCE	HIGHEST AMT OWEDS		ACCOUNT NO.	
ADDRESS	CITY	STATE	ZIP	
PURPOSE OF CREDIT	ACCT OPENED		CLOSED	

PERSONAL REFERENCES

NAME	PHONE	LENTH ACQUAINTANCE		
ADDRESS	CITY	STATE	ZIP	
NEAREST RELATIVE	PHONE	RELATIONSHIP		
ADDRESS	CITY	STATE	ZIP	



Have you ever filed a petition of bankruptcy? _____ Have you ever been evicted from any tenancy or had an eviction notice served to you? _____

Have you ever willfully and intentionally refused to pay any rent when due? _____

Have you ever been convicted of a misdemeanor or felony other than traffic or parking violation? _____

Have you or anyone (including all potential occupants) on this application: ever pleaded no contest to, or plead guilty to or been convicted on any Felony? _____

Have you ever pleaded no contest to, or plead guilty to, or been convicted on any misdemeanor involving alcohol, drugs, gangs, children, violence, or theft? _____

Are you a current illegal abuser or addict of a controlled substance? _____

Have you ever been convicted of the illegal manufacture or distribution of a controlled substance? _____

If yes to any of the above, please indicate date of occurrence: _____

I DECLARE THAT THE FOREGOING IS TRUE AND CORRECT, AUTHORIZE ITS VERIFICATION AND THE OBTAINING OF A CREDIT REPORT.

I agree to pay to the Property Management Company a non-refundable fee of \$ 45.00 per social security number (not to exceed \$45.00per social security number)I understand that I will NOT be given a copy of any consumer credit report obtained. I further agree that the Property Management Co. or Landlord may terminate any agreement entered into a reliance on any misrepresentation made above. Any agreement entered into may be terminated if application is not completely field out. Information will be provided by Reliable Background Screening.

Credit and background information will not be submitted until payment is received. Make money orders out to A Better Realty. Net. (no checks personal or business)

Email address: ABR@ABetterRealty.Net Fax 1-888-456-4097

Applicant _____ Date _____

Applicant _____ Date _____

Application for _____

Address required



Applicant Authorization

Tenant Employment Verification

I have applied for rental property with the landlord/property manager at A Better Realty. Net.

In order to verify my current employment, I hereby authorize my employer, _____
_____, to release the requested information to my prospective landlord/property
manager.

Please respond to this request at your earliest convenience.

Thank you for your cooperation.

Signature _____ Date _____
Title _____ SSN _____



Tenant Employment Verification

To: Department Name: _____
Name _____ Telephone _____
Address _____ Fax _____
City/State/Zip _____ Other _____

From: Bill or Lisa Hanawalt Telephone 480-655-0904
A Better Realty. Net
44 South 83rd Place Fax 1-888-456-4097
Mesa, Arizona 85208 Other _____
ABR@ABetterRealty.Net

Re: _____ (Rental Applicant)

Dear Employer:

_____ is a prospective tenant at our rental property, and has listed your organization as a current employer on his/her rental application.

In order for us to verify the application, we ask that you provide the information requested below. A time is paramount, we would appreciate your faxing this completed form back to us at the number listed above. Alternatively, you may feel free to telephone us between the hours of 9 a.m. and 5 p.m. Information provided will remain confidential and will be used solely for purpose of determining eligibility for occupancy.

Thank you in advance for your cooperation.

Sincerely,

Signature _____ Date _____
Title Property Manager

To be completed by employ:

Applicant's current job title: _____

Start date of employment: _____

Is employment: _____ Full Time _____ Part Time
_____ Permanent _____ Temporary
Salary: \$ _____ Weekly _____ Biweekly _____ Annually
_____ Monthly _____ Hourly (Average per week \$ _____)

Information provided by:

Signature _____ Date _____
Title _____



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APPLICANT AUTHORIZATION

Tenants Rental History Verification

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In order to verify my rental history for _____, I hereby authorize _____ to release the requested information to my prospective landlord/property manager.

Please respond to this request at your earliest convenience.

Fax to A Better Realty. Net attention Bill Hanawalt

Fax: 1-888-456-4097

Office: (480)655-0904

Cell: (602)390-3096

Email address: ABR@ABetterRealty.Net

Thank you for your cooperation.

Signature _____ Date _____

Print Name _____



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Title _____ SSN _____



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To: Department Name: _____
Name _____ Telephone _____
Address _____ Fax _____
City/State/Zip _____ Other _____

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Sincerely,

Signature _____ Date _____
Title Property Manager

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Applicant's current job title: _____

Start date of employment: _____

Is employment: _____ Full Time _____ Part Time
_____ Permanent _____ Temporary
Salary: \$ _____ Weekly _____ Biweekly _____ Annually
_____ Monthly _____ Hourly (Average per week \$ _____)

Information provided by:

Signature _____ Date _____
Title _____



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Cell: (602)390-3096
Email address: ABR@ABetterRealty.Net

Thank you for your cooperation.

Signature _____ Date _____

Print Name _____