



NOAHS' Preferred Properties Management Company

313 Main Street, Gaithersburg, MD 20878 • Bus. (301)258-9100 • Fax (301)258-2975 • www.noahsproperties.com

Tenant Reference

An application has been made by the named resident for a residence offered by this firm. The confirmation requested is to be forwarded back for the confidential use of this office only. Once completed please **fax back to 301-258-2975**. Thank you, in advance, for your assistance.

Resident: _____

Current/Previous Address: _____

Type of Property: Single Family / Townhome / Condo or Apt

Dates of residency: _____ **Monthly rent:** _____

Was named resident on the lease?: yes or no **Number of occupants:** _____

Is Tenant paid to date?: yes or no **Did Tenant pay on time:** yes or no
If no to either please explain: _____
After what date is considered late with your office: _____

NSF checks: yes or no how many: _____ **Do they have pets?:** yes or no how many: _____ **Type:** _____

Were there any lease violations?: yes or no If yes please explain: _____

Was the premises kept in a clean satisfactory condition?: _____
If no please explain: _____

Did Tenant provide proper notice to vacate?: yes or no explain: _____

Are there likely deductions from the security deposit?: yes or no explain: _____

Does Tenant qualify to rent to you again?: yes or no Comments: _____

Comments about the Tenant positive or negative: _____

The following information is mandatory for verification purposes

Form completed by : _____ **Contact Number:** _____ **ext** _____
Title: _____ **Name of Complex:** _____

PLEASE FAX BACK TO 301-258-2975 or mnoah@noahsproperties.com