

**La Serena at Hansen Park  
7701 W. 4th Avenue  
Kennewick, WA 99336  
Phone: 509-374-3449 Fax: 509-374-3469**

**Landlord Reference Check**

Applicant(s): \_\_\_\_\_ Phone: \_\_\_\_\_  
 Landlord/Company: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ Unit#: \_\_\_\_\_  
 City/State/ZIP: \_\_\_\_\_

I hereby authorize the full release of the information requested which includes, but is not limited to the following. It is understood and agreed that a photocopy or FAX of this release form shall be considered the same as if it were the original and carries my full authorization to release the information requested.

\_\_\_\_\_  
 \_\_\_\_\_ **Date**

TO BE COMPLETED BY LANDLORD			
Date of Residency	____ / ____ / ____	to	____ / ____ / ____
Did Resident Pay on Time?	_____ YES _____ NO		_____ How Many Lates?
Did you receive a Security Deposit?	_____ YES _____ NO		_____ How Much Returned?
Did Resident Cause Damage?	_____ YES _____ NO		_____ Amount of Damage?
Were Police Called for Disturbances?	_____ YES _____ NO		
Problems with their Neighbors	_____ YES _____ NO		
Did Resident have Pets?	_____ YES _____ NO		
Did Resident Violate Lease?	_____ YES _____ NO		
Did Resident Give Proper Notice?	_____ YES _____ NO		
Reason For Leaving:	_____		
Would you Re-Rent to this Resident?	_____ YES _____ NO		
Additional Comments:	_____ _____ _____		
Signature of Person Completing	_____	_____ <b>Date</b>	_____ <b>Title</b>