

# RENTAL VERIFICATION FORM

## Employment Release of Information

Please fax back to (425) 226-8736 or email to [theaviatorapts@pinnaclefamily.com](mailto:theaviatorapts@pinnaclefamily.com)

Name of Applicant: _____	
Rental Address: _____	
<p>I, the above named applicant, I hereby give my permission to <b>The Aviator Apartments</b> to communicate with my current employer(s) and/or supervisor(s) for the purpose of verifying the employment information listed on my application with no limitations or restrictions regarding what information may be discussed or revealed to <b>The Aviator Apartments</b>. Please provide the below information to <b>The Aviator Apartments</b> at your earliest convenience.</p>	
Applicant Signature _____	Date _____

<b>Employer Information:</b>		
Employer Name	Address	
Supervisor Name	Phone	Fax
Email _____		

<b>Applicant Information:</b>		
Job Type	Job Title	Start Date
\$ _____		
Estimated Annual Income	Permanent or Temporary?	

Thank you,

The Aviator Apartments  
(425) 226-8710