



**NEW YORK CITY HOUSING AUTHORITY**  
250 BROADWAY • NEW YORK, NY 10007

TEL: (212) 306-3000 • <http://nyc.gov/nycha>

Office of Facility Planning & Administration

**COMMERCIAL LEASE APPLICANT CONSENT FOR CREDIT CHECK**  
(Required from each principal of Applicant)

Dear Applicant: Please complete the following and sign below.

**Business Information**

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

County: \_\_\_\_\_

EIN: \_\_\_\_\_

Tax I.D.: \_\_\_\_\_

**Business Owner/Principal**

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Soc. Sec. #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip + 4: \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Driver's License: \_\_\_\_\_

**I hereby authorize The New York City Housing Authority to conduct a search of my personal (consumer) credit history and business credit history (if applicable), from a consumer reporting agency. Information obtained by this report will be used solely in connection with the application to lease space at the New York City Housing Authority.**

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_