



NEW YORK CITY HOUSING AUTHORITY
90 CHURCH STREET • NEW YORK, NY 10007

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

Department of Management and Planning

Laundry Room 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: _____

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: _____