



**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: