

**NIEUCHOWICZ REALTY**  
**29 SOUTH CENTRAL AVENUE**  
**VALLEY STREAM, NY 11580**

P: (516) 791-7599

F: (516) 792-0980

[nieuchowiczrealty@gmail.com](mailto:nieuchowiczrealty@gmail.com)



I/we hereby grant the authorization to NIEUCHOWICZ REALTY, landlord, to request from a company or companies of his choice, a full credit report on previous and present credit history. Authorization is given for the release to the landlord of any and/or all requested information concerning credit, employment and prior rental information related to my/our application for apartment rental.

The authorization is valid for a period of one hundred days from the below date. A photo-static or electronic copy of my/our signature may be used to obtain any or all information stated above.

\_\_\_\_\_  
Primary Applicant Name`

\_\_\_\_\_  
Additional Applicant Name

\_\_\_\_\_  
Phone Number (xxx) xxx-xxxx

\_\_\_\_\_  
Phone Number (xxx) xxx-xxxx

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State and Zip Code

\_\_\_\_\_  
City, State and Zip Code

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Drivers License Number

\_\_\_\_\_  
Drivers License Number

\_\_\_\_\_  
Date of Birth (MM/DD/YYYY)

\_\_\_\_\_  
Date of Birth (MM/DD/YYYY)

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Applicant's Signature          Date

\_\_\_\_\_  
Applicant's Signature          Date