

**Historical Square Apartments**  
&  
**Ridgeview @ Lewiston**  
920 Mohawk Street, Lewiston, NY 14092  
Phone: (716) 754-8151 Fax: (716) 754-8159

To Whom It May Concern:

The undersigned applicant(s) has applied to lease an apartment at our complex. You are hereby authorized to release any information regarding his/her current or previous tenancy with you. A prompt response to this request is needed to complete the application process and is greatly appreciated.

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Applicant #1 (Please print name, sign and date only then return to JoAnn)

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Applicant #2 (Please print name, sign and date only then return to JoAnn)

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**\*This portion to be completed by landlord**

Address \_\_\_\_\_

Length of residency (term of lease) \_\_\_\_\_

Amount of rent paid \_\_\_\_\_

No. of late payments \_\_\_\_\_

No. of NSF checks \_\_\_\_\_

Would you re-rent to tenant \_\_\_\_\_

Were there any problems \_\_\_\_\_

Any additional helpful comments \_\_\_\_\_

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Landlord/Representative (Please print name, title, sign and date)

Please fax back to (716) 754-8159

Thank you,

Historical Square Apartments & Ridgeview @ Lewiston