

AS220

STUDIO APPLICATION

NAME: _____

DATE: _____

DESIRED MOVE IN DATE: _____

1 PERSONAL INFORMATION:

SO WE KNOW HOW TO CONTACT YOU DURING THE APPLICATION PROCESS.

CURRENT ADDRESS

PRONOUNS (e.g. she/her, they/them, he/him, ze/zir): _____

PHONE NUMBER _____

EMAIL _____

2 PREFERENCE

PLEASE SELECT YOUR BUILDING AND STUDIO PREFERENCE

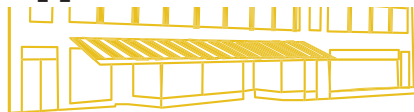
WORK-ONLY STUDIO

OR

LIVE/WORK STUDIO



115 EMPIRE STREET



MERCANTILE BLOCK



THE DREYFUS



3 ANNUAL INCOME (SUBSIDIZED LIVE/WORK STUDIO APPLICANTS ONLY)

PLEASE SUBMIT THE ATTACHED **APPLICANT INCOME DECLARATION FORM**

+ We collect income information to determine your eligibility for affordable housing, as required by the US Department of Housing and Urban Development.

+ Please check our vacancy posting for income requirements. If you have any questions please email live-work@as220.org

FOR QUESTIONS PLEASE CONTACT **AS220'S LIVE/WORK TEAM** AT LIVE-WORK@AS220.ORG

4 MEDIUM/GENRE

WHICH OF THE FOLLOWING BEST DESCRIBES YOUR WORK?

DRAMA

PAINTING

MUSIC

INDUSTRIAL ARTS

WRITING

PHOTOGRAPHY

COMPOSITION

SCULPTURE

DESIGN

PRINTMAKING

PERFORMANCE

OTHER _____

MAKER

FILM/VIDEO

INSTALLATION

5 ARTISTIC BIO

PLEASE ATTACH A SHORT PARAGRAPH DESCRIBING YOUR WORK.

6 CURRENT PROJECTS

PLEASE INCLUDE A BRIEF DESCRIPTION OF WHAT YOU ARE CURRENTLY WORKING ON. ATTACH ADDITIONAL PAGES IF NEEDED.

7 SUPPORT MATERIALS/WORK SAMPLE:

PLEASE SUBMIT THE APPLICATION FORM AND SAMPLE OF WORK (**DIGITAL WORK SAMPLES ENCOURAGED!**)

- + **VISUAL ARTISTS** PLEASE SUBMIT 12 IMAGES
- + **PERFORMING ARTISTS, MUSICIANS AND FILM/VIDEO** PLEASE SUBMIT A 5-10 MINUTE SAMPLE OF MATERIAL
- + **WRITERS** PLEASE SUBMIT 5-10 PAGES OF REPRESENTATIVE WORK
- + **CONCEPTUAL OR MULTI-DISCIPLINARY ARTISTS** MAY SUBMIT A WRITTEN DESCRIPTION OR AUDIO/VISUAL REPRESENTATION.
- + ANY OTHER CLIPPINGS, REVIEWS, ETC WHICH YOU THINK WE MAY BE INTERESTED

8 ARTISTIC RÈSUMÈ

PLEASE ATTACH A **1-2 PAGE ARTISTIC RESUME**. THIS SHOULD INCLUDE A HISTORY OF YOUR PREVIOUS ARTISTIC ACCOMPLISHMENTS AND WORK HISTORY.
LIST EXHIBITS, PUBLIC PERFORMANCES, COMMISSIONS, COLLABORATIONS, PROJECTS, ETC.

9 REFERENCES

PLEASE LIST 3 INDIVIDUALS AS REFERENCES

A. PERSONAL/PROFESSIONAL

THIS COULD BE A PREVIOUS EMPLOYER, TEACHER, ROOMMATE, OR OTHER NON-RELATIVE WHO HAS BEEN IN CLOSE RECENT CONTACT WITH YOU.

NAME _____

ADDRESS _____

PHONE _____

B. PERSONAL/PROFESSIONAL

NAME _____

ADDRESS _____

PHONE _____

C. FINANCIAL

THIS CAN BE A RECENT LANDLORD OR EMPLOYER THAT CAN ESTABLISH A HISTORY OF STEADY INCOME AND AN ABILITY TO PAY MONTHLY RENT.

NAME _____

ADDRESS _____

PHONE _____



THIS APPLICATION CAN BE EMAILED TO **LIVE-WORK@AS220.ORG**

OR DROPPED OFF AT:

AS220
95 MATHEWSON STREET, #204
PROVIDENCE, RI 02903

Applicant Income Declaration

Addendum to AS220 Live/Work Affordable Housing Application

Before AS220 staff can interview you for a studio, we need you to declare your current annual income. **Please fill out your total annual income below and submit this sheet with your application.**

Why are we asking for this information?

AS220 offers reduced rents in many of our residential studios thanks to financial support from government Affordable Housing programs. AS220 is required to collect income information from our tenants, and to ensure that a new tenant's income is below the income cap set by these programs.

These Affordable Housing programs require us to collect information about your income from a variety of sources. **When you write your total annual income below, please make sure that it includes your income from all of the sources listed on the following page. You are not required to report temporary, nonrecurring, or sporadic income.** The form on the next page is available as a guide to help you calculate your annual income.

If you are selected by our tenant panel to live at AS220 and if you accept the offer, AS220 will need to verify all of your sources of income. We will need you to supply copies of bank statements, paystubs, government benefits, and income from investments. Our staff will be available to help you through that paperwork process.

If you have any questions, you can contact AS220 staff at live-work@as220.org.

Name(s) of applicant(s): _____

Today's Date: _____

Total Annual Income: _____

Annual Income Calculation Form

Use this form to calculate your annual income. This 2nd page is optional – it’s here as an aid if you need it. If two people are applying for a studio together, include the total of both of your incomes on this form. You do not need to report temporary, nonrecurring, or sporadic income.

You can skip the *Monthly Income* column if you already know the *Annual Income* amount for any one of your income sources. Skip any row that does not apply to you.

******To calculate your *Annual Income* on the *Wages* line, add up your gross paystub income from the last 8 weeks or 2 months. If using 8 weeks of paystubs, divide the total income from those weeks by 8 and then multiply by 52 to get your annual income. If using 2 months, multiply the total gross income by 6.

Income Source	Monthly Income		Annual Income
Wages	** see note above		
Business and/or Self-Employment income	Enter your self-employed income from your most recent tax return in the <i>Annual Income</i> column		
Social Security Income (SSI)		x 12 =	
Social Security Disability Insurance (SSDI)		x 12 =	
Unemployment Compensation		x 12 =	
Other government assistance (welfare, TANF, VA benefits, etc)		x 12 =	
Workman’s Compensation		x 12 =	
Alimony / Child Support received		x 12 =	
Retirement income		x 12 =	
Pension income		x 12 =	
Recurring Gifts		x 12 =	
Interest income from any assets (savings accts, CDs, stocks, etc)		x 12 =	
Other regular/recurring income		x 12 =	

Total Annual Income (enter on page 1): _____

HOME PROGRAM CERTIFICATION OF STUDENT STATUS

This form must be completed for each household member 18 or older (or if under 18 and qualified as Head, Co-Head, or Spouse) must complete, sign and date an annual Certification of Student Status upon move-in and annually during the entire Compliance Period of the project.

Development Name:	Certification Effective Date:
Unit Address/Number:	Household Name:

This form is to be completed by each Applicant/Tenant

You have applied for (or currently reside in) a rental housing unit located in a development operating under the HOME Program. Provisions of this Program require verification of all income and assets, as well as other claims of eligibility including student status.

The HOME program definition of student is: **All** students enrolled either part-time or full-time at an institution of higher education. The law does not exempt part-time students.

Complete All That Applies:

1. I am NOT a student enrolled in an institution of higher education and do not plan to be a student enrolled in an institute of higher education at any time in the next 12 months.
2. I am a student or plan to be a student enrolled in an institution of higher education within the next 12 months and I meet the following exception/s:

Exceptions	Mark either Yes or No to Each as it Applies to You:	
I am over the age of 24	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I am a veteran of the US Military	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I am married	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I have one or more dependent children	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I have a disability, as defined in Section 3(b)(3)(E) of the United States Housing Act of 1937 <u>and</u> was receiving assistance under Section 8 as of November, 30, 2005	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I am under 24 and have documentation to support that I've been independent of my parents for at least 1 year	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I am under 24, not independent of my parents & my parents are eligible based on their income	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Any student who does not meet at least one of the exceptions listed is ineligible to reside in a HOME unit.

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. I agree to notify management immediately of any changes in my student status. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

Signature of Applicant/Tenant	Printed Name of Applicant/Tenant	Date

TENANT/APPLICANT RELEASE AND CONSENT

I/We _____, the undersigned hereby authorize all persons or companies in the categories listed below to release without liability, information regarding employment, income and/or assets to _____, for purposes of verifying information on my/our apartment rental application.

TYPES OF INFORMATION*

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal identity; employment, income and assets; medical or child care allowances. I/We understand that this authorization cannot be used to obtain any information about me/us that is not pertinent to my eligibility for and continued participation as a Qualified Tenant.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED.

The groups or individuals that may be asked to release the above information include, but are not limited to:

- | | | |
|--|----------------------------------|--|
| Past and present employers | Welfare agencies | Veterans Administration |
| Previous landlords (including Public Housing Agencies) | State unemployment agencies | Retirement systems |
| Support and alimony providers | Medical and child care providers | Banks and other financial institutions |
| Social Security Administration | | |

CONDITIONS

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and will stay in effect for a year and one month from the date signed. I/We understand that I/We have a right to review this file and correct any information that is incorrect.

SIGNATURES

Applicant/Tenant	(print name)	Date
Co-applicant/Tenant	(print name)	Date
Adult Member	(print name)	Date
Adult Member	(print name)	Date

***NOTE:** This general consent may not be used to request a copy of a Tax Return. If a copy of a Tax Return is needed, IRS Form 4506, "Request for Copy of Tax Form" must be prepared and signed separately.