



# MILLENNIUM

REAL ESTATE SERVICES LLC

Dear Applicant:

Thank you for your interest in Sterling Market Artist Lofts. We offer sixty one live/work spaces and are housed in the former Reads Department Store in downtown Bridgeport. The live/work spaces in this historic building range in size from 1100 to 1600 square feet.

We are committed to attracting creative individuals from diverse artistic and cultural backgrounds. We encourage all people in the creative arts to apply regardless of race, creed, religion, national origin, sex, marital status, sexual preference, or status with regard to public assistance or physical challenges. We especially are interested in individuals who are committed to building community and willing to give some of their time and energy toward this goal.

We have enclosed an application and information about housing in Sterling Market Artist Lofts. Please read and complete the application as thoroughly as you can. Due to our financing for the development of the building, we may require more information than you have had to provide before when renting. The types of information that we will require are explained on the next page.

Artspace Projects, Inc., a nonprofit organization that is committed to long-term stability in communities and artist empowerment, sponsored the development of Sterling Market Artist Lofts. Millennium Real Estate Services, LLC manages and operates the building.

If you have further questions regarding the application or living at Sterling Market Artist Lofts, please call 203-336-0435.

Very Truly Yours,  
Millennium Real Estate Services, LLC

By: \_\_\_\_\_  
Todd Whitaker, Property Manager

Residential & Commercial  
Property Management, Development and Tax Credit Compliance

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P.O. Box 973 • Rocky Hill, CT 06067 • Phone: (860) 529-1111 • Fax: (860) 529-5555  
[www.millennium-realty.com](http://www.millennium-realty.com)

## ELIGIBILITY/ SELECTION CRITERIA

After reading these introductory materials, **please fill out the Application Record, the New Household Artist Application, the Artist Questionnaire, and the Artist Preference/ Screening Criteria Acknowledgment.** Return these completed

Artspace Bridgeport  
Management Office  
1042 Broad Street  
Bridgeport, CT 06604

### THE APPLICATION PROCESS

There are 3 stages to the application process for living at Sterling Market Artist Lofts. These steps are described below.

#### 1) Initial Application Interview

Upon receipt of the above mentioned materials, Millennium Real Estate Services, LLC. (the "Property Manager") will schedule an interview to gather information regarding your household's financial, rental, credit, and criminal history, which will include completing a Tenant Income Certification form. The Property Manager will screen the information that you provide in this interview. We encourage you to complete the enclosed application and **return it with a \$30 application fee for the head of household and \$10 for each household member (18 years or older). Payment must be in the form of a money order. No personal checks or cash will be accepted.** However, you will be given the opportunity to address any extenuating circumstances that you believe should be taken into account during this process. All members of the household over the age of 18 are subject to annual sex offender and criminal background checks to determine continued eligibility for residency.

#### 2) Artist Selection Committee Interview

After your application has been preliminarily approved, you will be interviewed by the Artist Selection Committee. It will ask you questions about your commitment to the arts and your interest in living at Sterling Market Artist Lofts. A copy of the Artist Interview Questionnaire is attached. To assist the committee, it also will review and use the enclosed Artistic Application that you will have completed. The Artist Selection Committee screens applicants to determine their participation in, and commitment to, the arts; the committee does not judge the content of an applicant's artistic work. The Artist Selection Committee is a permitted preference or a permitted screening criteria pursuant to HUD Handbook 4350.3 2-25, which is subject to federal, state or local preferences.

#### 3) Final Income Certification

Finally, no more than 90 days before move-in, your application will be finalized. At that time the information that you provided on your application will be verified and, if acceptable, you will become eligible to move-in.

## AFFORDABILITY RESTRICTION

Sterling Market Artist Lofts was made possible with financing that encourages affordable housing. As a result, certain building units are restricted to residents who must fulfill certain income limitation requirements. If you are intending to qualify for an affordable unit, you may be required to provide more detailed information that you have for previous housing opportunities.

**Income Limits:** The below income guidelines are set for all residents of affordable units. They reflect the current maximum amounts of household income for residents of affordable units and are updated on an annual basis. If your household income exceeds these guidelines, you are not eligible for residence in an affordable unit. It is impossible for us to bend, or give exception to, these guidelines. We and Millennium Real Estate Services, LLC have the legal responsibility to ensure that all affordable unit residents conform to them at time of move-in.

As of March 28, 2016, your gross annual income must be below the following at the time of final certification (stage 3 of the application process).

Household Size	Maximum Gross Income		
	25%	50%	60%
1 person	15,650	31,300	37,560
2 person	17,875	35,750	42,900
3 person	20,100	40,200	48,240
4 person	22,325	44,650	53,580
5 person	24,125	48,250	57,900
6 person	25,900	51,800	62,160

## WAITING LIST

If an applicant is preliminarily approved and there are no available units, the applicant will be placed on a waiting list. Two waiting lists will be maintained for the project: one for preference and artist applicants, and the other for non-preference and non-artist applicants. Applicants who complete and return the enclosed materials but who are not contacted for an interview will receive a letter stating that they have been placed on the applicable waiting list and will be informed of their position on such list. Placement on a waiting list will be based on the order in which the enclosed completed materials are received by Millennium Real Estate Services, LLC. If there are qualified preference applicants or qualified artist applicants on a waiting list, such persons will be given preference over any qualified non-preference or non-artist applicant. If there are no qualified preference or artist applicants on a waiting list, applications of qualified non-artist applicants will be processed further on a first-come, first-served basis. Applicants claiming a preference will be notified if they are placed on the non-preference waiting list.

**The Waiting Pool:** Because all units are currently occupied, it is difficult for us to show spaces, although we do have open houses during the year. Please specify on the application what size (number of bedrooms) of unit you desire. This information will assist us in knowing whom to contact when a unit opens. Once in the waiting pool, you will be contacted periodically to see if you are still interested in living at Sterling Market Artist Lofts and when you would like to move. If we are unable to contact you, or you do not respond when given an opportunity to, you will be removed from the pool. If time has passed since your interview with Millennium Real Estate Services, LLC or Artist Selection Committee, we may ask you to come in for an update interview.

## Additional Information about Sterling Market Artist Lofts

**Pet Policies:**

Pets are allowed at the project, but there are some limitations. The highest number of pets per household is one. No poisonous pets are allowed. All animals that spray (like male cats & female ferrets) must be spayed/ neutered. A \$200 pet deposit (for animals under 30 pounds) must be paid before you move into the building.

**Noise Guidelines:**

The project has adopted some rules about noise. Quiet hours have been set for after 10:00 p.m. Sunday through Friday mornings; and after 11:00 p.m. Friday and Saturday nights until 9:00 a.m. Saturday and Sunday mornings. Neighbors who may have quiet art forms such as writing may ask you to keep noise down when they are working.

**Rent Amounts:**

1 Bedroom \$333 - \$830  
2 Bedroom \$405 - \$1,000  
3 Bedroom \$1,025 - \$1,150

**Deposit Amounts:**

Security Deposit – 1 to 2 month's rent  
Pet Deposit - \$200 (under 30 lbs.)

**STERLING MARKET ARTIST LOFTS**  
**CREDIT/ RENTAL HISTORY CRITERIA**

AN APPLICANT MAY BE DISQUALIFIED FOR ADMISSION UNDER THE FOLLOWING CONDITIONS:

1. Poor Rental History as evidenced by:
  - A. late rental payments;
  - B. unlawful detainers (eviction proceedings);
  - C. complaints of disturbance of neighbors, including loud music/ parties, noisy/ obnoxious guests, harassment of neighbors or their guests;
  - D. damage to unit, appliances or common areas or hallways
  - E. poor living or housebreaking habits, including creating fire hazards 9storing dangerous materials, hoarding papers or rags, tampering with the electrical system, etc.), infestation of roaches or rodents, creating foul odors, depositing garbage improperly, littering common areas or hallways, etc.;
  - F. not honoring past leases;
  - G. less than four (4) months consecutive, independent rental history, not including rentals from relatives or friends.
2. Poor Credit History, as evidenced by:
  - A. nonpayment of rightful obligations, including rent, utilities, creditors and loans:
  - B. public judgments (being taken to court by a creditor);
  - C. accounts sent to Profit & Loss or placed for collection.
3. Criminal History, as evidenced by:
  - A. conviction of any crime of violence against people or damage to property;
  - B. any conviction for drug offense (anyone convicted of drug offense must provide a statement from treatment facility or parole officer that treatment has been satisfactorily completed);
  - C. any conviction for weapons ordinance;
  - D. an arrest record of crimes of violence against people or damage to property, weapons ordinance, fraud, drugs or sexual abuse, whether or not the case went to court;
  - E. an established history of untreated drug or alcohol abuse (anyone who has corrected their problem must provide a statement from treatment facility or program that treatment has been satisfactorily completed).
4. Poor Employment History, as evidenced by:
  - A. failure to meet income requirements;
  - B. an inconsistent, unstable source of income which would affect the ability to pay rent and utilities;
  - C. income derived from any illegal source, such as fraud, sale of drugs, theft, etc.
5. Any information provided on application which is misrepresented, incomplete or non-verifiable is grounds for disqualification.
6. All of members of the household have not been on a common lease together for 1 year prior to their application to the project.

**EXHIBIT A**  
**RENT STRUCTURE**

<u>Unit Type</u>	<u>Market Rate</u>	<u>Low-Income</u>	<u>Very Low-Income</u>
<b>1 BR</b>	N/A	9 at \$830	Units: 10 at \$333 Units: 4 at \$735
<b>2 BR</b>	N/A	11 at \$1,000	Units: 5 at \$405 Units: 10 at \$890
<b>3 BR</b>	N/A	8 at \$1,150	Units: 4 at \$1,025

\* The rents shown above are the initial rents set for the Development. Periodically, an Authority approved rent schedule will be generated, in response to owner submissions, and will constitute an addendum to the Tenant Selection Plan. Please refer to the current *Income and Rent Limits Schedule* published by the Authority for the maximum allowable rent.

APPLICATION RECORD

**Article III of the Tenant Selection Plan requires an Application Record to be included with the information sent out to interested parties (and the Application Record is referenced in the Letter as an enclosure).**

Date Received: \_\_\_\_\_

Time Received: \_\_\_\_\_

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Interested person for \_\_\_\_\_ 1 BR \_\_\_\_\_ 2 BR \_\_\_\_\_ 3 BR (check one)

Name (Head of Household):

\_\_\_\_\_

Address:

\_\_\_\_\_

Phone: (Home) \_\_\_\_\_

(Work) \_\_\_\_\_

(Cell) \_\_\_\_\_

Email: \_\_\_\_\_

Would you be interested in a handicapped unit? ( ) Yes ( ) No

Household data: Please list all persons who will occupy unit:

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Date apartment is needed? \_\_\_\_\_

**NEW HOUSEHOLD APPLICATION**

Name of Project: Sterling Market Lofts Apartments

Address of Project: 1042 Broad Street

Bridgeport, CT

Date: \_\_\_\_\_ Requested Bedroom size \_\_\_\_\_

**Applicant Name:** \_\_\_\_\_

**Current Address:** \_\_\_\_\_

**Telephone Number:** Home: \_\_\_\_\_ Work: \_\_\_\_\_

**Email:** \_\_\_\_\_

***PART I. FAMILY COMPOSITION***

**Directions to Applicant:** *Please complete the table below for each member of your household, whether or not those members are related. Include all members who you anticipate will live with you at least 50% of the time during the next 12 months. Attach additional sheets if more space is needed.*

**Household Composition**

	Name	Relationship To Head	Marital Status M-Married D-Divorced S-Single E-Estranged	Birth Date	Age	SS#	Full-Time Student Y/N
Head							
Co-T							
3.							
4.							
5.							
6.							
7.							
8.							



Do you anticipate any additions to the household in the next 12 months? \_\_\_ Yes \_\_\_ No

If yes, explain: \_\_\_\_\_

(1) Spouse's Maiden Name \_\_\_\_\_

(2) Will ALL of the persons listed above be (or have they been) full time students during 5 months of this calendar year or plan to be in the next calendar year at an educational institution with regular faculty and students, other than a correspondence or night school?  
Yes \_\_\_ No \_\_\_

If yes, please list the name of the individual and the name of the educational institution they attend: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(3) Will this person be receiving any income? Yes \_\_\_ No \_\_\_

(4) Are any full-time student(s) married and filing a joint tax return? Yes \_\_\_ No \_\_\_

(5) (a.) Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act? Yes \_\_\_ No \_\_\_

(b.) Are any full-time student(s) a TANF or a title IV recipient? Yes \_\_\_ No \_\_\_

(6) Are any full-time student(s) a single parent living with his/her minor child who is not a Dependent on another's tax return? Yes \_\_\_ No \_\_\_

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**PART II. HOUSEHOLD INCOME**  
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*For questions (7) through (16), indicate the amount of anticipated income for all persons named in question (1) above, during the 12-month period beginning this date. If you are uncertain which types of income must be included or may be excluded, please ask the management personnel for assistance.*

(7) Wages, salaries, overtime pay, commissions, fees, tips, bonuses, and any other compensation resulting from employment for each household member.	Head	\$ _____
	Co-Applicant	\$ _____
	Other	\$ _____
(8) Net income, salaries, and other amounts distributed from a business.	Head	\$ _____
	Co-Applicant	\$ _____
	Other	\$ _____

(9) Welfare Assistance payments.	Head	\$ _____
	Co-Applicant	\$ _____
	Other	\$ _____
(10) Gross amount of periodic social security payments.	Head	\$ _____
	Co-Applicant	\$ _____
	Other	\$ _____
(11) Annuities, insurance policies, retirement funds (401-K, IRA, etc.), pensions, disability or death benefits, and other similar types of periodic payments.	Head	\$ _____
	Co-Applicant	\$ _____
	Other	\$ _____
(12) Lump sum payments received due to delays in processing unemployment, social security, welfare, or other benefits.	Head	\$ _____
	Co-Applicant	\$ _____
	Other	\$ _____
(13) Payments in lieu of earnings, such as unemployment and disability compensation, workers compensation, and severance pay.	Head	\$ _____
	Co-Applicant	\$ _____
	Other	\$ _____
(14) Alimony and child support Are you entitled to receive alimony or child support? _____ Are the payments court ordered? _____	Head	\$ _____
	Co-Applicant	\$ _____
	Other	\$ _____
(15) Interest, dividends, and other income from net family assets (including income distributed from trust funds).	Head	\$ _____
	Co-Applicant	\$ _____
	Other	\$ _____
(16) Amount by which educational grants, scholarships, or veteran's benefits are intended as a subsistence allowance to cover rent, utilities, and board of a student living away from home (do not include any part of a student loan).	Head	\$ _____
	Co-Applicant	\$ _____
	Other	\$ _____
(17) Lottery winnings paid in periodic payments.	Head	\$ _____
	Co-Applicant	\$ _____
	Other	\$ _____

(18) Regular contributions of gifts received from persons not residing in the unit, including rent or utility payments regularly paid on behalf of the family.	Head	\$ _____
	Co-Applicant	\$ _____
	Other	\$ _____
(19) All regular pay, special pay, and allowances of a member of the Armed Forces (whether living in the unit or not) who is head of household, spouse, or other person whose dependants are residing in the unit.	Head	\$ _____
	Co-Applicant	\$ _____
	Other	\$ _____

**TOTAL INCOME (all Members): \$ \_\_\_\_\_**

**APPLICANT ALSO REQUIRED TO FILL OUT ASSET CERTIFICATION ATTACHED**

**PART III. EMPLOYMENT HISTORY** (if you are self-employed, please attach a copy of last year's tax return)

**Applicant Employed By:** \_\_\_\_\_ **How Long?** \_\_\_\_\_

Supervisor \_\_\_\_\_ Salary \$ \_\_\_\_\_ Per \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ Position Held \_\_\_\_\_

a. **Co-applicant Employed By:** \_\_\_\_\_ **How Long?** \_\_\_\_\_

Supervisor \_\_\_\_\_ Salary \$ \_\_\_\_\_ Per \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ Position Held \_\_\_\_\_

b. **Other Applicant Employed By:** \_\_\_\_\_ **How Long?** \_\_\_\_\_

Supervisor \_\_\_\_\_ Salary \$ \_\_\_\_\_ Per \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ Position Held \_\_\_\_\_

c. **Other Applicant Employed By:** \_\_\_\_\_ **How Long?** \_\_\_\_\_

Supervisor \_\_\_\_\_ Salary \$ \_\_\_\_\_ Per \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ Position Held \_\_\_\_\_

**PART IV. CREDIT REFERENCES (e.g., car loans, credit card, other debt)**

Name	Address	Phone	Monthly Payment
(22)	_____	_____	\$ _____
(23)	_____	_____	\$ _____
(24)	_____	_____	\$ _____
(25)	_____	_____	\$ _____

**PART V. LANDLORD HISTORY (Please provide all landlords in past 3 years)**

(26) Present Landlord: \_\_\_\_\_ From/To: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_  
 Monthly Rent? \_\_\_\_\_

a. Previous Landlord: \_\_\_\_\_ From/To: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_  
 Monthly Rent? \_\_\_\_\_

*Attach additional information, if necessary.*

**PART VI. PREVIOUS ADDRESS (Please provide all previous addresses in the past 7 years.)**

(27) \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ From/To \_\_\_\_\_

(28) \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ From/To \_\_\_\_\_

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**PART VII. GENERAL INFORMATION**  
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- (31) Have any of the applicants ever been evicted? Yes \_\_\_\_ No \_\_\_\_  
If yes, explain: \_\_\_\_\_
- (32) Have any of the applicants ever been convicted of a felony? Yes \_\_\_\_ No \_\_\_\_  
If yes, explain: \_\_\_\_\_
- (33) Have any applicants filed for bankruptcy? Yes \_\_\_\_ No \_\_\_\_  
If yes, explain: \_\_\_\_\_
- (34) Have any of the applicants ever received rental assistance? Yes \_\_\_\_ No \_\_\_\_  
If yes, explain: \_\_\_\_\_
- a. Has your assistance ever been terminated for fraud, non-payment of rent  
or failure to recertify? Yes \_\_\_\_ No \_\_\_\_  
If yes, explain: \_\_\_\_\_
- (35) Will this be your only place of residence? Yes \_\_\_\_ No \_\_\_\_

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**PART VIII. ADDITIONAL INFORMATION**  
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- (36) What is the condition of your current housing?  
Standard \_\_\_\_ Unsafe or Unhealthy \_\_\_\_  
No indoor Plumbing/Kitchen \_\_\_\_ Currently without Housing \_\_\_\_
- (37) Are you qualified for a dwelling available to a person with disabilities? Yes ( ) No ( )  
Some evidence of the eligibility to occupy this unit may be needed.

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**PART IX. DECLARATION STATEMENT**

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I/We, the undersigned, state that I/We have read and answered fully and truthfully each of the preceding questions for all members of the Household who are to occupy the unit in the above rental development for which application is made, all of whom are listed above.

I/We hereby certify that I/We Do/Will Not maintain a separate subsidized rental unit in another location. I/We further certify that this will be my/our permanent residence. I/We understand I/We must pay a security deposit for this apartment prior to occupancy. I/We understand that my eligibility for housing will be based on applicable income limits and by management's selection criteria. I/We certify that all information in this application is true to the best of my/our knowledge and I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. All adult applicants, 18 or older, must sign application below.

I/We further understand that as part of the application process my credit references may be checked without further authorization and that:

I hereby authorize the release of the requested information about us. A photocopy of this shall be as valid as the original. Information obtained under this consent is limited to information that is no older than 12 months. There are circumstances which would require the owner to verify information that is up to 5 years old, which would be authorized by me on a separate consent attached to a copy of this consent.

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Applicant(s) Name (Please Print)

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Applicant(s) Name (Please Print)

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Applicant(s) Name (Please Print)

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Applicant(s) Signature

Date

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Applicant(s) Signature

Date

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Applicant(s) Signature

Date

**Asset Income Certification Addendum to Tenant Application**

**Current Assets:** List all assets currently held and the cash value. Cash value is the market value less any reasonable costs that would be incurred in converting the asset to cash, i.e. broker and legal fees.

<u>Yes</u>	<u>No</u>		<u>Account #</u>	<u>Bank</u>	<u>Cash Value</u>
___	___	Do you have a Savings Account? If so, list Current Balance.	_____	_____	\$ _____
___	___	Do you have a Checking Account? If so, list Average Balance for past 6 months.	_____	_____	\$ _____
___	___	Do you have a Safety Deposit Box?	_____	_____	\$ _____
___	___	Do you have money held in Trust?	_____	_____	\$ _____
___	___	Do you have any other cash?	_____	_____	\$ _____
___	___	Do you have any stocks or bonds?	_____	_____	\$ _____
___	___	Do you have any Certificate of Deposits?	_____	_____	\$ _____
___	___	Do you have any Treasury Bills?	_____	_____	\$ _____
___	___	Do you have any Money Market accounts?	_____	_____	\$ _____
___	___	Do you have a retirement fund?	_____	_____	\$ _____
___	___	Do you have a pension fund?	_____	_____	\$ _____
___	___	Do you own any life insurance policies? If so, list cash value.	_____	_____	\$ _____
___	___	Have you received an inheritance?	_____	_____	\$ _____
___	___	Have you received any lottery winnings? If so, when and where are the funds held? _____	_____	_____	\$ _____
___	___	Do you own any real estate? If so, list fair market value and mortgage balance.	_____	_____	\$ _____
___	___	Do you have any personal property held as an investment?	_____	_____	\$ _____
___	___	Have you received any settlements? If so, how much?	_____	_____	\$ _____
___	___	Do you have any money owed to you in loans?	_____	_____	\$ _____

Applicant/tenants must also disclose any assets disposed of for less than fair market value in the two years preceding the effective date of the certification or recertification.

Did you have any assets in the last two years not listed above? \_\_\_\_\_

If yes, did you dispose of any assets for less than fair market value? \_\_\_\_\_  
 (This means that the assets were either given away or sold at less than the allotted market value.)

If yes, list the assets market value, amount received and the date you disposed of the assets. \_\_\_\_\_

Any assets listed as disposed of for less than fair market value in the two years preceding the effective date of the certification or recertification will be counted as assets if the difference between the value and the amount received exceeds \$1000.00. I/We, the undersigned, state that I/We have completed and answered the above Asset Certification fully and truthfully. I/We hereby authorize the property management company to verify any of the information above and give my/our consent for the above financial institutions to release any or all information to the property manager.

\_\_\_\_\_  
 Applicant(s) Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
 Applicant(s) Signature

Date: \_\_\_\_\_

**Artspace Sterling Market Lofts  
1042 Broad Street  
Bridgeport, CT 06604  
(203) 336-0435-OFFICE  
(203) 336-0437-FAX**

**PRESENT/PREVIOUS LANDLORD VERIFICATION**

Artspace has my permission to request the following information from my present and/or previous Landlord. Please answer each question and return it to Artspace as soon as possible.

Applicant's name (please print): \_\_\_\_\_ Apt.# \_\_\_\_\_

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

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To Whom It May Concern:

\_\_\_\_\_ applied for housing at Artspace. In order to assist in the selection process, we would appreciate your answering the following confidential questions.

1. Address where applicant resided as your tenant: \_\_\_\_\_.
2. Length of residency: \_\_\_\_\_.
3. What was the applicant's monthly rent? \_\_\_\_\_.
4. Did the applicant pay rent on or before the 10th? Yes\_\_ No\_\_ If not, how many times late? \_\_\_\_\_.
5. Were eviction proceedings (NTQ) ever initiated against this tenant? Yes \_\_ No \_\_ If so, how many times and why? \_\_\_\_\_.
6. Did applicant have any returned checks? Yes \_\_ No \_\_ If so, how many? \_\_\_\_\_.
7. How many people occupied this apartment? \_\_\_\_\_.
8. Did applicant have any pets? Yes \_\_ No \_\_ If so, what and how many? \_\_\_\_\_.
9. Have complaints been registered against this household or their guests for: Noise: Yes \_\_ No \_\_ / Pets: Yes \_\_ No \_\_ / Drugs: Yes\_\_ No\_\_ / Other: \_\_\_\_\_ Yes \_\_ No \_\_.
10. Does resident currently owe you money? Yes \_\_ No \_\_ If so, how much and for what? \_\_\_\_\_.
11. Did resident leave the apartment in good condition? Yes \_\_ No \_\_.
12. Would you consider renting to this resident again? Yes \_\_ No \_\_.
13. What is your relationship to the applicant? \_\_\_\_\_.

To the best of my knowledge, the above information is valid and correct.

Landlord/Owner name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Phone: \_\_\_\_\_

Date: \_\_\_\_\_



# **LIVE-IN-AIDE ATTENDANT APPLICATION**

Applicant/Resident Name: \_\_\_\_\_

Date: \_\_\_\_\_

Initial Certification

Date of Expected Move-In: \_\_\_\_\_

Recertification (Annual or Interim)

Effective Date: \_\_\_\_\_

I am applying to live in an apartment that is governed by the Low Income Housing Tax Credit Program. This Program requires management to certify all of your income, asset and eligibility information as part of determining your household's eligibility. Program requirements state we must verify each income and asset source and other claims of eligibility. I am stating the need for a live-in-aide attendant. The attendant by signing below acknowledges the following:

I, \_\_\_\_\_, hereby certify that:

- I am the live-in-aide attendant for the above-mentioned applicant/resident have will be working for the applicant/resident and be residing at the applicant/residents apartment;
- I am not responsible for the financial support of said applicant/resident;
- I would not otherwise be living in this unit EXCEPT to provide the necessary support and care to allow said person to live independently;
- I understand that I have no survivorship rights to the unit and that if said person moves-out, for whatever reason, I must immediately vacate the apartment. I understand that HUD and the Low Income Housing Tax Credit Program govern this unit and that the occupants of such a unit must meet all eligibility requirements of these Programs. I understand that I will not be certified as such and that my only reason for living in the unit is to provide supportive care services to applicant/resident;
- I understand that as long as I remain a live-in-aide attendant for the above mentioned applicant/resident, I will be bound by all terms of the lease and of the Community House Rules and Regulations and that I will read and understand the Lease and Community House Rules and Regulations;
- I will be required to comply with the mandatory screening for criminal background and consent to a criminal back ground investigation.

I hereby say that I understand the above statements and that they are true and correct; and furthermore, failure to provide truthful or correct information is subject to my denial and/or dismissal as a live-in-aide attendant.

\_\_\_\_\_  
Signature of Live-In-Aide Attendant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant/Resident

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant/Resident

\_\_\_\_\_  
Date

## ARTIST QUESTIONNAIRE

NAME OF ARTIST \_\_\_\_\_

**Please have each artist member of your household answer the following questions. Please use a separate form (photo copies are fine) for each artist. This information will help us to better understand your needs and expectations with regard to living in an artist live/ work community.**

1. Please write an Artist Statement, briefly describing your art form, how long you have been creating, your inspiration and your goals.
2. Why are you interested in living and participating in this artist live/ work community? What are your expectations? What do you see as your responsibilities?
3. Have you ever lived in an artist housing situation before? If so, where and what was your main impression and/ or experience?
4. What is your artist training?

**STERLING MARKET ARTIST LOFTS**

Artist Preference/ Screening Criteria Acknowledgement

The undersigned applicant acknowledges that, if he or she is preliminarily approved and there are no available units to permit final processing of the application, the applicant is placed on a waiting list. **If there are no qualified artist applicants on the waiting list, or if a qualified applicant applies at a later date, the qualified artist applicant will be given preference over any qualified nonartist applicant.** If there are no qualified artist applicants on the applicable waiting list, applications will be processed further on a first-come, first-served basis.

By: \_\_\_\_\_

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

*Applicant will receive one copy of this Artist Preference/ Screening Criteria Acknowledgement will be attached to Applicant's Application Record.*

**Artist Interview Questions (Sample - DO NOT COMPLETE)**

The questions are based on two elements. One is a demonstrated commitment to art. The second is a desire to live in and contribute to a community, both within and without the building. The numerical system is for the panel member to quantify how consistent the answer is to the above goals.

*Example:*

1 2 3 4 5 6 7 8 9 10 11  
Less Consistent <—> More Consistent

***With the mission and goals of the building***

1. Please describe your art and what inspires you to create it.  
1 2 3 4 5 6 7 8 9 10 11
2. Please tell us about your educational training and/or experience as it relates to your art.  
1 2 3 4 5 6 7 8 9 10 11
3. Please describe any recent public presentation of your art.  
1 2 3 4 5 6 7 8 9 10 11
4. What interests you about living in this artists' community?  
1 2 3 4 5 6 7 8 9 10 11
5. What affect will living in an artists' community have on you/(your family) and your art?  
1 2 3 4 5 6 7 8 9 10 11
6. How will you respond to living in a community that is comprised of people of different races, cultural backgrounds, ability, artistic disciplines, sexual orientation, and beliefs?  
1 2 3 4 5 6 7 8 9 10 11
7. What impact do you think you would have on the community? In what way might you contribute to the community?  
1 2 3 4 5 6 7 8 9 10 11
8. Please describe any volunteer work you have done or would be interested in doing.  
1 2 3 4 5 6 7 8 9 10 11