



ARTIST CERTIFICATION APPLICATION

Please read 'Artist Certification Instructions' *prior* to submitting materials for review.

Applicant (Artist) Name:

Current Address with zip code:

How long at this address:

Primary phone contact number:

Website (if applicable):

E-mail address:

Preferred Unit Type: Co-op Rental

Number of bedrooms desired:

Number of people to occupy unit:

Describe your current field of art in detail and number of years practiced:

Describe how the studio will be used, including types of materials, tools, consultations, etc.:

Will you be using any hazardous materials or processes or producing above-average noise levels? If so, please describe methods for mitigation.

Employment History

Employer/Field:

Number of hours per week:

Applicant's signature:

Date:

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