



APPLICATION FOR FAWC RESIDENCY AT MEADOW ROAD
One-Bedroom Apartment Plus Work Space

PLEASE READ BEFORE COMPLETING APPLICATION:

- Please be thoughtful, careful, and thorough in completing all sections of this application. Incomplete applications will be cause for disqualification.
- Please be as accurate as possible. False statements will be cause for disqualification.
- If someone assists you in filling out this application, you must acknowledge that the responses are yours alone and the assistant must sign as well. (See Acknowledgments on p. 6)
- The Meadow Road housing development was funded by public resources and income eligibility restrictions apply. Please carefully review these restrictions on p. 5 and make sure that you are eligible.
- The information in this application is valid for 90 days from the date of submission.

SECTION 1

To be completed by ALL ADULT MEMBERS (over 18) OF HOUSEHOLD JOINTLY.
Please provide the name of all adults (over the age of 18) applying for residency as a household:

Resident #1:

Name: _____ Soc. Sec. # _____

Current Mailing Address: _____

Home Phone: _____ Mobile Phone: _____

Resident #2: (If none, leave blank)

Name: _____ Soc. Sec. # _____

Current Mailing Address: _____

Home Phone: _____ Mobile Phone: _____

How many years have the above applicants been together as a household? _____ years

If less than 1 year, how long have applicants known each other? _____ years

Do you expect any additions to the household (adults or children) within the next 12 months? yes ____ no ____

If yes, please list name, relationship to the household, and an explanation of circumstances:

Please provide the following information for all persons under the age of 18 who will be part of your household:
(Use back of page if more than one)

Name: _____ Date of Birth: _____

Sex: M F Relationship: _____ Soc. Sec. # _____

NEEDS:

Do you currently have a rental subsidy? _____ If yes, what type? _____

Does your household require wheelchair accessibility or other special accommodation? _____ If so, please explain:

(Please note: FAWC Meadow Road units are NOT wheelchair accessible.)

Do you have a motor vehicle that will be parked at the property? _____ What type/size? _____

SECTION 2

To be completed by EACH ADULT MEMBER OF HOUSEHOLD INDIVIDUALLY.
(Please photocopy pages as necessary.)

RESIDENT PROFILE

Name: _____

Please describe your experience as an artist or writer, including previous affiliation, if any, with FAWC. Provide any additional information you feel might be important to your application for residency.

PERSONAL REFERENCES

Each adult member of the household should submit 3 references (including name, address, and phone number). Please exclude relatives. Please include one reference from a neighbor, if possible.

Reference #1

Name: _____ Relationship: _____

Mailing Address: _____ Phone # _____

Reference #2

Name: _____ Relationship: _____

Mailing Address: _____ Phone # _____

Reference #3

Name: _____ Relationship: _____

Mailing Address: _____ Phone # _____

RESIDENCE INFORMATION

NOTE: If applicants will be forming a household together for the first time, each adult member of the household must photocopy this sheet and submit separate residence information. Otherwise, please fill out jointly.

Name: _____

Please submit the following information for ALL places of residence during the past three (3) years.

Current Residence: From _____ to present. Do you rent or own? _____

Other name(s) on lease/deed: _____

Address: _____ City/State: _____ Zip: _____

Current rent: \$_____/month Average utility expense (excl. telephone & cable): \$_____/month

Reason you wish to move: _____

Property Owner/Manager Name: _____ Phone # _____

(continued on next page)

Previous Residence: From _____ to _____. Did you rent or own? _____

Other name(s) on lease/deed: _____

Address: _____ City/State: _____ Zip: _____

Reason you moved: _____

Property Owner/Manager Name: _____ Phone # _____

Previous Residence: From _____ to _____. Did you rent or own? _____

Other name(s) on lease/deed: _____

Address: _____ City/State: _____ Zip: _____

Reason you moved: _____

Property Owner/Manager Name: _____ Phone # _____

EMPLOYMENT INFORMATION

NOTE: Additional adult members of the household must photocopy this sheet and submit separate employment information.

If not currently employed, please check here _____ and complete previous employment history below.

Present Employer Name: _____ Contact person: _____

Phone # _____ Start Date: _____

If you have been employed by your current employer for less than three years, please provide information below, going back for three years.

Previous Employer Name: _____ Contact person: _____

Phone # _____ Start Date: _____ End Date: _____

Previous Employer Name: _____ Contact person: _____

Phone # _____ Start Date: _____ End Date: _____

SECTION 3

WORK SPACE INFORMATION

(Submit one form per household.)

Name: _____

In addition to completing the information below, please provide documentation of your work as a writer, artist, or craftsman. This could include, but is not limited to, resume, images, brief writing sample, etc.

Please describe your artwork or craft and why you need the work space.

How much time would you use the studio / work space? _____ hours/month

Do you currently have a work space? Please explain.

Please provide any additional information that you feel is important to the application regarding your creative pursuit and your need for work space.

SECTION 4

DETERMINATION OF INCOME ELIGIBILITY

Income Eligibility is based on an **ANTICIPATION** of **ALL** combined household income. Please determine, to the best of your ability, what your anticipated income is from **January 1 through December 31, 2020**.

An anticipation of income is based on present wages, anticipation of future wages and net income from self employment, income received from assets and ALL other types of income including, but not limited to, unemployment income, child support, alimony and net income from Real Property.

Annual income limits, determined by federal guidelines, are **\$41,665 for a single-person household, \$47,580 for a two-person household**.

In addition to completing the anticipated income information below, each adult member of household must provide:

- a copy of their 1040 Income Tax Form filed for 2016 (including all schedules)

AND

- a current year-to-date pay stub from all 2018 wages or self employment income for 2018 with a year-to-date income and expense statement

When completing income information, please refer to the following:

- Wages, tips and commissions are gross wages.
- Self employment is net employment income, which can never be less than \$0.
- If you work seasonally and anticipate collecting unemployment during part of the year, you must anticipate an income from unemployment.
- Child support and alimony include regular contributions or gifts received from organizations or from persons not residing within the household.
- Income from assets must be included, even if the applicant does not directly receive the income.
- If you own Real Property and collect income it must be listed in assets; if you anticipate collecting income from this property, projected net income must be included.

Please remember, the following should be completed based on PROJECTED income for the period of Jan. 1, 2020 through Dec. 31, 2020.

Resident # 1 Name: _____

Resident # 2 Name: _____

ANNUAL INCOME

(A) Gross W-2 wages, tips and commissions, and/or net self-employment income Res. #1 \$ _____

Res. #2 \$ _____

(B) Social Security and Pensions

Res. #1 \$ _____

Res. #2 \$ _____

(C) Unemployment and Public Assistance

Res. #1 \$ _____

Res. #2 \$ _____

(D) Other Income (Child Support, Alimony, etc.)

Res. #1 \$ _____

Res. #2 \$ _____

(E) ANNUAL INCOME SUBTOTAL (A) through (D) \$ _____

INCOME FROM ASSETS

Types of assets include checking, savings and money market accounts, Real Property, investment accounts, etc.

Type of Asset _____ Cash Value \$ _____ Annual Income from Asset \$ _____

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Type of Asset _____ Cash Value \$ _____ Annual Income from Asset \$ _____

(F) ANNUAL INCOME FROM ASSETS SUBTOTAL \$ _____

Add SUBTOTALS (E) AND (F) **TOTAL INCOME \$ _____**

SECTION 5

ACKNOWLEDGEMENTS, AUTHORIZATION, AND SIGNATURE

Each adult member of the household must **initial acknowledgments** and sign application.

_____ I (We) understand that development of this property has been supported by public funds and residency is subject to income eligibility requirements based on household size for the available unit. Annual income limits, determined by U.S. Department of Housing and Urban Development federal guidelines, are **\$41,665 for a single-person household, \$47,580 for a two-person household.**

_____ I (We) will provide certification of initial income eligibility and will also provide annual re-certification of household income. I (we) understand that if household income increases above 80% of Barnstable County median income, my (our) rent may be increased to 30% of the household income.

_____ I (We) acknowledge that occupancy of the housing is limited to the individuals named on page 1 of this application. If the members of the household will change, I (we) will request approval before such change and will provide documentation for re-certification of income eligibility.

_____ I (We) acknowledge that subletting this housing is not permitted.

_____ I (We) will abide by the Meadow Road Condominium rules and regulations. I (We) will participate in meetings of residents of the property as needed.

_____ I (We) hereby affirm that answers to the questions on the application for residency and the attachments are true and correct and that I (we) have not knowingly withheld any fact or circumstance which would, if disclosed, affect my (our) application unfavorably.

_____ I (We) acknowledge that the Fine Arts Work Center may initiate reference checks.

_____ I (We) authorize release of confidential information from personal references, from property owners and their representatives who currently or previously rented to me (us), from current and previous employers, from credit bureaus, and from police records relating to criminal convictions, if any, including minor dependents. I (We) hereby authorize you to verify any and all information contained in this application. I (We) release all concerned parties from any liability in connection with any information they may provide.

_____ I (We) understand incomplete applications will not be considered.

_____ I (We) acknowledge that _____ (full name) assisted in the filling out of this application. I (We) were not led in my (our) responses to the questions.

Applicant Signature: _____ **Date:** _____

Applicant Signature: _____ **Date:** _____

Preparer / Assistant Signature: _____ **Phone #** _____

Please be sure all attachments are included. Applications that do not include previous tax returns, current year-to-date pay stubs and proof of assets will not be considered.