

Artspace Everett LOFTS Art and Community Involvement

Please provide written answers to the following questions and **send this completed form along with the artist statement described below to Quantum along with your financial forms.** The Artist Screening Committee (ASC) will not be judging the quality of your writing nor the quality of your art work, but rather the depth of your engagement and commitment to your work. We fully understand that many gifted artists cannot explain their work well. Your skill at presenting and explaining the content of your work is not as important as showing a body of work and your plan to continue producing work.

An “Artist Portfolio and Community Involvement Interview” will be scheduled with you after you have passed your financial review. During the interview, you will be asked to present a portfolio of your work to the review panel that consists of Artists and Artspace staff. You will be expected to speak for approximately 5 minutes about your artistic practice in general and the specific projects you will be working on if you are to move into the building. After this, the panel will ask questions about your work, about living in a cooperative environment and about community involvement.

1. Please write an artist statement on a separate sheet of paper (max 1 page), outlining your artistic practice, and discuss the method and intention of your work. Please include how long you have been creating. You can write about specific projects that you are working on, or be more general.

2. What equipment and materials do you use in your art practice? Please be specific.

3. Artspace Everett Lofts depends on the active participation of its residents in order to keep growing as a creative community. Currently the residents are involved in a number of committees such as community room programming, deck garden maintenance and development, events planning committee. How do you see yourself contributing to the development of the community, and what kind of new initiatives would you like to start?

Please check the area where you have any experience or interest:

- | | |
|---|---|
| <input type="checkbox"/> Minor repairs | <input type="checkbox"/> Building security |
| <input type="checkbox"/> Cleaning and maintenance | <input type="checkbox"/> Property management |
| <input type="checkbox"/> Plumbing | <input type="checkbox"/> Volunteer board of directors |
| <input type="checkbox"/> Carpentry | <input type="checkbox"/> Childcare |
| <input type="checkbox"/> Gardening | <input type="checkbox"/> Recycling |

Other (please list) _____

RESIDENT ELIGIBILITY APPLICATION (REA)

Property Name: _____ **Unit #:** _____

Household Name: _____

Current HH Size: _____ Effective Date of Certification: _____ Initial Certification
 Number of Bdrms: _____ Original Certification Date: _____ Re-Certification

Certification Type:

THE FOLLOWING SECTION IS TO BE COMPLETED ENTIRELY BY THE APPLICANT/RESIDENT

HOUSEHOLD COMPOSITION:

Hshld Mbr	First Name	Last Name	MI	Date of Birth <small>mm-dd-yyyy</small>	SSN <small>*See page 4 Last 4 digits</small>	Fulltime Student Status **
Head	_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	_____	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

*** Have you in this calendar year or will you in the next calendar year, be a fulltime student for five months or more?*

Household Member's Name: _____

Income Source or Employer: _____ Phone: _____

Address: _____

Position: _____ Hire Date: _____

Supervisor: _____ Income/Salary: \$ _____

Household Member's Name: _____

Income Source or Employer: _____ Phone: _____

Address: _____

Position: _____ Hire Date: _____

Supervisor:: _____ Income/Salary: \$ _____

RESIDENT ELIGIBILITY APPLICATION (REA)

Each Household Member 18 Years or Older Must Complete Pages 2 through 4

Property Name: _____ Unit #: _____

Household Member Name: _____

HOUSEHOLD MEMBER: (please check one)

1 (Head) 2 3 4 5 6 7

INCOME INFORMATION:

	Yes	No		Annual Gross Income
1.	<input type="checkbox"/>	<input type="checkbox"/>	I have a job or a verifiable start date within the next 12 months and receive wages, salary, overtime pay, commissions, fees, tips, bonuses, and/or other compensation: Annual Gross Wages/Salary Annual Overtime Annual Bonus/Commission/Tips	\$ _____ \$ _____ \$ _____
2.	<input type="checkbox"/>	<input type="checkbox"/>	I am presently employed at an additional job. (NOT self-employed)	\$ _____
3.	<input type="checkbox"/>	<input type="checkbox"/>	I am self employed. (Attach signed tax return and appropriate schedules) Name of Business: _____	\$ _____ <small>(use net income from business)</small>
4.	<input type="checkbox"/>	<input type="checkbox"/>	I am receiving: (check all that apply) <input type="checkbox"/> Social Security (SSA); <input type="checkbox"/> Supplemental Social Security (SSI); or <input type="checkbox"/> WA State (SSI).	\$ _____
5.	<input type="checkbox"/>	<input type="checkbox"/>	The household receives <i>unearned</i> income from family members age 17 or under (example: Social Security, trust fund disbursements, bank accounts, etc.). Name of Member(s): _____	\$ _____
6.	<input type="checkbox"/>	<input type="checkbox"/>	I am currently receiving or anticipate receiving child support in the next 12 months.	\$ _____
7.	<input type="checkbox"/>	<input type="checkbox"/>	I receive alimony/spousal payments.	\$ _____
8.	<input type="checkbox"/>	<input type="checkbox"/>	I receive Public Assistance Income (TANF, GAU, FIP, ADATSA).	\$ _____
9.	<input type="checkbox"/>	<input type="checkbox"/>	I receive unemployment, Labor & Industries or disability benefits (not SSI).	\$ _____
10.	<input type="checkbox"/>	<input type="checkbox"/>	I am a member of the Armed Forces (Active, National Guard or Reserves).	\$ _____
11.	<input type="checkbox"/>	<input type="checkbox"/>	I am receiving income from a pension, annuity, retirement fund, insurance policy payments, death benefits or Veteran's Benefits (not GI Bill benefits). Source of Benefits: a.) _____ b.) _____	\$ _____ \$ _____
12.	<input type="checkbox"/>	<input type="checkbox"/>	I am receiving money regularly from family, church, friends, or any other form or regular/periodic income (such as rent and utility payments).	\$ _____
13.	<input type="checkbox"/>	<input type="checkbox"/>	I receive income from real or personal property (attach signed tax return with Schedule E).	\$ _____ <small>(use net earned income)</small>
14.	<input type="checkbox"/>	<input type="checkbox"/>	I hold a contract for real estate sold. If yes, provide a copy of the contract and an amortization schedule.	\$ _____ <small>(only count interest portion of pymnt)</small>
15.	<input type="checkbox"/>	<input type="checkbox"/>	I have income or sources of income, other than those listed above. If yes, list type below: a.) _____ b.) _____	\$ _____ \$ _____

Property Name: _____ Unit #: _____

Household Member Name: _____

ASSET INFORMATION:

	Yes	No		Balance or Value	Interest Earned
16.	<input type="checkbox"/>	<input type="checkbox"/>	I have a checking account(s). If yes, list bank(s) a.) _____ b.) _____	\$ _____ \$ _____	\$ _____ \$ _____
17.	<input type="checkbox"/>	<input type="checkbox"/>	I have a savings account(s). If yes, list bank(s) a.) _____ b.) _____	\$ _____ \$ _____	\$ _____ \$ _____
18.	<input type="checkbox"/>	<input type="checkbox"/>	I have a Money Market account(s). If yes, list sources/bank names a.) _____ b.) _____	\$ _____ \$ _____	\$ _____ \$ _____
19.	<input type="checkbox"/>	<input type="checkbox"/>	I have treasury bills, certificate(s) of deposit (CDs), or stocks/bonds (NOT held in a retirement account). If yes, list sources/bank names a.) _____ b.) _____	\$ _____ \$ _____	\$ _____ \$ _____
20.	<input type="checkbox"/>	<input type="checkbox"/>	I have a trust fund. <input type="checkbox"/> Revocable <input type="checkbox"/> Non-Revocable If yes, list bank(s)/trustee _____	\$ _____	\$ _____
21.	<input type="checkbox"/>	<input type="checkbox"/>	I have an IRA/Keogh Account/401K. If yes, list financial entity(ies) a.) _____ b.) _____	\$ _____ \$ _____	\$ _____ \$ _____
22.	<input type="checkbox"/>	<input type="checkbox"/>	I have a pension or annuity asset. (NOT receiving income currently.) If yes, list bank(s) a.) _____ b.) _____	\$ _____ \$ _____	\$ _____ \$ _____
23.	<input type="checkbox"/>	<input type="checkbox"/>	I <input type="checkbox"/> own <input type="checkbox"/> or am in the process of selling or <input type="checkbox"/> have sold real estate in the last 2 years. If yes, attach explanations and supporting documentation.	\$ _____	\$ _____
24.	<input type="checkbox"/>	<input type="checkbox"/>	I have a whole life insurance policy. If yes, how many policies? _____	\$ _____	\$ _____
25.	<input type="checkbox"/>	<input type="checkbox"/>	I own personal property held strictly as investment assets (arts, coins, etc.) If "yes," attach appraisals.	\$ _____	\$ _____
26.	<input type="checkbox"/>	<input type="checkbox"/>	I have disposed of assets within the last two years for less than fair-market value. If "yes," attach explanation.	\$ _____	\$ _____
27.	<input type="checkbox"/>	<input type="checkbox"/>	I have cash on hand.	\$ _____	\$ _____
28.	<input type="checkbox"/>	<input type="checkbox"/>	I have assets other than those listed above. If yes, list type below: a.) _____ b.) _____	\$ _____ \$ _____	\$ _____ \$ _____

TAX CREDIT LEASE RIDER

(to be attached to resident lease)

Property Name: _____ Unit: _____

Applicant/Resident Name: _____

Dear Applicant or Existing Resident:

Summary

The owner(s) of this property rents residential units under the federal Low-Income Housing Tax Credit Program (the "program") as administered by the Washington State Housing Finance Commission (the "Commission"). Under the program, the owner(s) can qualify for federal IRS tax credits by renting some or all of the units in the property to low-income households and restricting the rents for those units. In addition the owner **may** have agreed to reserve some of the units in the property for households or persons with special needs. (See the special-needs section below.) This rider was prepared to help residents understand the program.

Income and Rent Limits

The Commission gives the owner(s) new income and rent limit tables each year. This property has agreed to reserve some or all of the units for households at or below the 30, 35, 40, 45, 50 or 60% income limits found on these tables. The rent tables show the maximum rent a property can charge for a unit based on a household's income, number of bedrooms in the unit or the number of people in the household. Some properties have more than one income limit. Ask the property representative for specific information.

Annual Recertification

To be eligible for a rent- and income-restricted unit, all income and assets of any household members 18 years and older must be documented and verified. The owner(s) or manager of this property will give you the required forms to declare and verify income and assets from all sources. They **may** also ask you for supporting documentation. The program requires each existing household to **recertify** or complete a new set of the required forms at least once every 12 months.

Since this program involves IRS tax credits, the Commission and everyone involved with this program is under growing pressure to prevent fraud. Your forms must be prepared carefully, with every question answered. Annually, you will be signing a document under penalty of perjury, saying that the information and verifications submitted are correct. Households who do not properly complete their paperwork **may not** qualify for residency or **may** be required to vacate their income- and rent-restricted unit.

A property that has more than one income/rent limit **can** switch a household to a higher or lower income/rent limit, based on the household's income at recertification. Ask the property representative for specific information.

Special Needs

The owner(s) of this property **may** have chosen to reserve some of the program units for households that have special needs. Units **could** be reserved for households that meet the program definition for large household, disabled, elderly, homeless housing or farmworker. Households or individuals applying for one of these special needs units will be required to verify their eligibility. Ask your property representative for specific information.

Fulltime Student Households

A household where each member is a full-time student **may not** qualify for an income- and rent-restricted unit. A household where everyone becomes a full-time student after move-in **may no longer** qualify for an income- and rent-restricted unit. Ask your property representative for specific information.

Property Standards

The property must comply with federal housing policy governing nondiscrimination and accessibility. In making an apartment available, the owner(s) **cannot** discriminate against you because of your race, creed, color, sex, national origin, marital status, age, disability or familial status. Furthermore, the owner(s) **cannot** discriminate against you based on the sources of your income (including Section 8 subsidy), provided the sources of income do not violate any federal, state or local law. Additional state, local laws or ordinances may also apply. When selecting residents, the owner(s) **cannot** apply standards to a potential resident that are more burdensome than standards applied to any other potential or existing resident.

Good Cause Evictions/Nonrenewals

The owner is prohibited from evicting you, and is prohibited from refusing to renew your lease or rental agreement, other than for "good cause." Generally, good cause shall mean the serious or repeated violation of material terms of the lease or a condition that makes your unit uninhabitable. Any termination or non-renewal notice must state the specific factual violations. Under federal law, you have the right to enforce this requirement in state court as a defense to any eviction action brought against you.

By signing below, I indicated I have read and discussed information included in this lease rider. I have been given a copy of this lease rider along with my lease.

_____	_____	_____
Print Property Representative Name	Property Representative Signature	Date
_____	_____	_____
Print Applicant/Resident Name	Applicant/Resident Signature	Date
_____	_____	_____
Print Applicant/Resident Name	Applicant/Resident Signature	Date
_____	_____	_____
Print Applicant/Resident Name	Applicant/Resident Signature	Date

Further questions should be addressed to:

_____	_____
Property Manager Name	Phone Number

BOND LEASE RIDER
(to be attached to resident's lease)

Property Name: _____ **Unit:** _____

Applicant/Resident Name: _____

Dear Potential Resident/Existing Resident:

This apartment Project was financed with bonds issued by the Washington State Housing Finance Commission (the "Commission"). Under this program, the Owner received a below-market interest rate on his/her mortgage loan in exchange for renting a portion of his/her building to income-qualified individuals.

This apartment and the Commission spell out how to measure, report, and verify income under this program to ensure that the Property is reaching those individuals for whom it was designed. Substantial assets are converted by formula and included in the income total. Special rules are used for fulltime students. All income and assets must be documented and verified. The on-site personnel of the Property will provide the forms each Resident will be required to submit.

Because of the growing pressure on the government and the Commission to combat fraud, these forms must be prepared carefully so that every question is answered and that all answers are clearly legible. "N/A" (not applicable) should be written in all sections which do not apply.

For Projects that were funded under the new tax Code, annual recertification is required for all participating Residents. This means that a new set of these same forms must be completed annually. Again, all information must be accompanied by documentation. Once a new Resident is certified, s/he continues to be eligible until his/her income reaches 140% of the area median gross income. However, the Owner cannot evict him/her on the basis of his/her income, and the Property remains in compliance as long as the next available Unit is rented to a Qualified Resident.

All housing in this Property will be operated in a manner consistent with federal housing policy governing nondiscrimination and accessibility, as determined under the Americans with Disabilities Act, the Fair Housing Amendments Act of 1988, the rules and regulations of HUD, and federal, state, and local laws now provided or which may hereafter be provided.

To that end, the Owner shall not discriminate in making rental Units available for occupancy on the basis of race, creed, color, sex, national origin, religion, marital status, age, or disability. Furthermore, the Owner shall not discriminate against any Resident or potential Resident on the basis of that Resident's sources of income provided such sources of income are not in contravention of any federal, state, or local law.

All Units set aside for occupancy by individuals who meet the low-income or special-needs criteria of the program will be of the same quality construction as all other Units and will be



RESIDENTIAL RENTAL APPLICATION / EACH ADULT MUST FILL OUT SEPARATE APPLICATION

Address of Rental Property: _____ Unit # _____ Rent Amount _____

Applicant's Complete Name: _____ Date of Birth: _____

SSN# _____ DL#/State issued: _____

Tel# _____ Email Address: _____

Other Occupant's Name, Age & Relationship: _____

If any of the above noted occupants are currently married or separated but not living with their spouse, please note yes or no: Y N

✓ Complete Every Item on Application. Incomplete and/or Inaccurate Information May Result in Process Delay or Denial of Tenancy.

CURRENT ADDRESS (Required Entry)

Street _____
 City _____ State _____ Zip _____
 Apt # _____ Name of Apts _____
 How Long (Mo/Da/Yr) From _____ To _____
 Pymts / Rent Pd To _____ Amt _____
 Landlord/Mgmt Co. _____
 Address _____
 Tel# _____ Rent/Own/Lease _____

PRIOR ADDRESS (Required Entry)

Street _____
 City _____ State _____ Zip _____
 Apt # _____ Name of Apts _____
 How Long (Mo/Da/Yr) From _____ To _____
 Pymts / Rent Pd To _____ Amt _____
 Landlord/Mgmt. Co _____
 Address _____
 Tel# _____ Rent/Own/Lease _____

✓ **Current Employer** _____ Tel# _____ Supervisor _____

Dept / Attached to _____ Occupation _____ Rank _____

Hire Date _____ Monthly Salary _____ Full Time _____ Part Time _____

Address _____ Suite _____ City _____ State/Zip _____

✓ **Prior Employer** _____ Tel# _____

Dept / Attached to _____ Occupation _____ Rank _____

Hire Date _____ Monthly Salary _____ Full Time _____ Part Time _____

Address _____ Suite _____ City _____ State/Zip _____

✓ Additional Income (Interest, Child Support, Etc) _____

✓ Bank _____ Acct# _____ Branch _____ Tel# _____

✓ Pets? Yes _____ No _____ If yes, number, size, and type(s) _____

✓ Disability status and require special accommodations? _____

✓ Are you a fulltime student? Yes _____ No _____

HAVE YOU OR ANY OTHER HOUSEHOLD MEMBER:

Ever been evicted or refused to pay rent? Yes _____ No _____ Ever been Charged or Convicted of a Crime? Yes _____ No _____

If yes to any of the above, give details: What is the nature of the offense? What County(ies) and State(s)? _____

When? _____

Ever used any other name(s)? Yes _____ No _____ If yes, list name(s) _____

Are you or any other household member a Registered or Unregistered Sex Offender? Yes _____ No _____

Ever had bedbugs or any other infestation? Yes _____ No _____ If yes, what type of infestation: _____

Auto/Year/Make/Lic#: 1.) _____ 2.) _____

Local Contact _____ Address _____ Tel# _____

Nearest Relative _____ Address _____ Tel# _____

Emergency Contact _____ Address _____ Tel# _____

Artspace Everett Lofts Phone #: (425) 252-5935
Quantum Management Fax #: (425) 252-5959

LION Investigations, Inc.
Phone: 360-588-1633 / 800-341-0022
Fax: 360-588-1189 / 800-522-6722





CREDIT REPORT AUTHORIZATION

THE FOLLOWING MUST BE COMPLETED IN FULL

ADDRESS INFORMATION				
Applicant's Last Name	First	M.I.	Social Security Number	Date of Birth
Present Address	City	State	Zip Code	
Day Phone ()		Fax ()		
Night Phone ()		Email:		

In compliance with the Fair Credit Reporting Act, we are informing you that information as to your **CREDIT REPORT** will be retrieved. I certify that the facts set forth in this application are true and complete. I agree that a complete investigation of all information on this application will not constitute invasion of privacy. I authorize **ORCA INFORMATION, INC., PO Box 277, Anacortes, WA 98221, 360-588-1633** to obtain a **CREDIT REPORT**, as necessary for application of tenancy.

Signature of Applicant

Date