



ARTIST CERTIFICATION APPLICATION

Please submit this completed form along with the application for an apartment.

Name _____ Telephone No.: _____

Current Address _____ Apt./Fl. _____ Zip _____

E-Mail Address: _____ Website _____

Professional Name (if different from above) _____

Description of your Art Discipline and number of years practiced _____

Number of bedrooms desired: _____

What is your inspiration?

Describe how the apartment 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:

At this time, it is not required to submit items 1 through 4 on the attached Instructions with this application for artist certification until the applicant is contacted for an interview.

Applicant's signature:

Date:

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