



This application is used for all properties managed by RUPCO. On page 1 you will find a list of all properties that RUPCO is currently accepting applications for, a brief description of the properties and some basic qualification guidelines. Please check all properties that you wish to apply for.

Please call RUPCO's Property Management Office at (845) 331-2140 Ext. 233 if you require assistance with your application and/or have questions.

**All Applications should be returned to 289 Fair St. Kingston, NY 12401**

**Original Applications only; copies, faxed or emailed applications will not be accepted.**

***Answering questions on your application:***

- Please answer all questions truthfully. Your answers will be verified.
- Any misrepresentation of information (false, incomplete or misleading information) will cause your household's application to be declined.
- Complete all sections of application by printing in ink. **DO NOT** leave any section blank. If the question does not apply to your household, please write NONE or N/A (Not Applicable).
- The Head of Household and each additional adult 18 years of age or older who will live in the apartment **must sign the certification on page 7.**

***Important:***

- It is your responsibility to keep us abreast of changes in your household such as address, telephone, income, assets, family size, etc. All changes should be reported in writing.
- After we accept your application, we will make a preliminary determination of eligibility. If your household appears to be eligible for housing, your application will be placed on a Waiting List; but this does NOT mean that your household will be offered an apartment. If later processing establishes that your household is not eligible or qualified for housing, your application will be denied. We will process your application according to our standard procedures which are summarized in the Resident Selection Criteria in the Property Management Office and may include credit, criminal and rental history background checks.
- Be sure to sign and date all attached forms and /or authorizations for release of information.

**Warning:** Title 18, Section 1001 of the U.S. Code makes it a criminal offense to knowingly and willingly make fraudulent statements or misrepresentations of any material fact in the use of or obtaining the use of federal funds. If you knowingly and willingly make fraudulent statements or misrepresentations of any material fact in the use of or obtaining the use of federal funds you may be fined under this title or imprisoned not more than 5 years, or both.

<b>Official Use Only:</b>		
Applicant Last name: _____		Entered by: _____
Date: _____ Time: _____		HH Members: _____ Bedrooms Requested: _____ Total Income: _____ Has Subsidy: <input type="checkbox"/>
<b>BR:</b> Eligible <input type="checkbox"/> AMI? _____ Ineligible reason: _____	<b>GV:</b> Eligible <input type="checkbox"/> AMI? _____ Ineligible reason: _____	<b>JG:</b> Eligible <input type="checkbox"/> AMI? _____ Ineligible reason: _____
<b>LM:</b> Eligible <input type="checkbox"/> AMI? _____ Ineligible reason: _____	<b>MH:</b> Eligible <input type="checkbox"/> AMI? _____ Ineligible reason: _____	<b>PH:</b> Eligible <input type="checkbox"/> AMI? _____ Ineligible reason: _____
<b>ST:</b> Eligible <input type="checkbox"/> AMI? _____ Ineligible reason: _____	<b>TM:</b> Eligible <input type="checkbox"/> AMI? _____ Senior <input type="checkbox"/> Ineligible reason: _____ Family <input type="checkbox"/>	<b>E2:</b> Eligible <input type="checkbox"/> AMI? _____ Ineligible reason: _____
<b>TP:</b> Eligible <input type="checkbox"/> AMI? _____ Ineligible reason: _____	<b>WC:</b> Eligible <input type="checkbox"/> AMI? _____ Senior <input type="checkbox"/> Ineligible reason: _____ Family <input type="checkbox"/>	<b>Landmark:</b> Eligible <input type="checkbox"/> AMI? _____ Ineligible reason: _____



**Please check all properties that you wish to apply for:**

**Family Housing**

- Blair Rd. Apartments.** 17 Blair Rd, Kerhonkson, NY. All two bedroom apartments.
- The Lace Mill.** 165 Cornell St. Kingston, NY. Studio, 1, 2, & 3 bedroom apartments. Artist Preference ☒
- The Mews at Prattsville.** 5456 Washington St. Prattsville, NY. 2 & 3 bedroom apartments ☒
- Woodstock Commons.** Leslie's Way, Woodstock, NY. 1, 2 & 3 bedroom apartments. ☒
- Energy Square.** 20 Cedar St, Kingston, NY. Studio, 1, 2 & 3 bedroom apartments. ☒

**Senior Housing**

- Golden View.** 52 Domenica Lane, Highland, NY. 55+ age requirement; all one bedroom apartments ☒
- Jenny's Garden.** 20 Gerentine Way, Marlboro, NY. 62+ age requirement; all one bedroom apartments ☒
- Landmark Place.** 300 Flatbush Ave, Kingston, NY. 55+ age requirement; studio & 1 bedroom apartments ☒
- Milton Harvest.** 48 Josie's Path Milton, NY. 55+ age requirement; all one bedroom apartments ☒
- Park Heights.** 1033 Rt. 32, Rosendale, NY. 62+ age requirement; all one bedroom apartments ☒
- The Stuyvesant.** Preference for homeless, 62+ age/disability requirement; all one bedroom apartments
- The Mews at Prattsville.** 5456 Washington St, Prattsville, NY. 55+ age requirement; 1 & 2 bedroom apartments ☒
- Tongore Pines.** 21-25 Fox Lane, Olivebridge, NY. 62+ age requirement; all one bedroom apartments ☒
- Woodstock Commons.** Adler Court, Woodstock, NY. 55+ age requirement; all one bedroom apartments ☒

**APPLICANT INFORMATION (Head of Household):**

<b>Last Name:</b>	<b>First Name:</b>	<b>Middle Name:</b>	
<b>Current Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Mailing Address (if different):</b>	<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Telephone:</b> (    )    -	<b>Work Phone:</b> (    )    -	<b>Cell Phone:</b> (    )    -	
<b>E-Mail:</b>	<b>Length of time at current address:</b>	<b>Monthly rent:</b>	
<b>Reason for leaving:</b>			

**Please provide an Emergency Contact for your Household:**

<b>Emergency Contact Name:</b>	<b>Relationship:</b>
<b>Contact Address:</b>	<b>Contact Telephone:</b> (    )    -

**Household Composition: YOU MUST LIST YOURSELF FIRST.**

Beginning with the "Head of Household" in the number one spot, list ALL persons who will live in the household.

**NOTE: You will use these "HH member" numbers to fill in the rest of the application.**

HH Member	Full Name:	Relationship to Head:	Date of Birth:	Sex:	Social Security Number:
1		self			
2					
3					
4					
5					
6					

Do you anticipate any additions to the household in the next twelve months?  YES  NO

Please Describe: \_\_\_\_\_

Please select the number of bedrooms you are requesting:  Studio  One  Two  Three

**For properties designated as "Ⓢ" on the previous page:**

Applicant/s acknowledges Landlord's adoption of a Non-Smoking living environment and the efforts to designate all of the property as Non-Smoking with a designated smoking area at least 25 feet from the building:  YES  NO

**RENTAL HISTORY: You must list your current residence first.**

This must include all previous residences for the past (4) four years, including those places where name/s did not appear on lease and those places where you or a family member used a different name. This includes you and/or adult household members, 18 years or older. NOTE: Use Family Member Numbers listed in Household Composition.

HH Member	Street Address	City	State	Zip	Date Residency Began	Date Residency Ended	Landlord Name & Phone Number

**PERSONAL REFERENCES:**

ONLY complete this section **if you do not have the required four years of rental history**. Three personal references are required. These cannot be friends or family. Examples include: clergy, previous employers, coworkers, volunteer leaders, caseworkers, advisors, etc...

<b>Full Name:</b>			<b>Relationship:</b>		
<b>Street Address:</b>				<b>Telephone:</b>	
<b>City:</b>	<b>State:</b>	<b>Zip:</b>	(       )		
<b>Full Name:</b>			<b>Relationship:</b>		
<b>Street Address:</b>				<b>Telephone:</b>	
<b>City:</b>	<b>State:</b>	<b>Zip:</b>	(       )		
<b>Full Name:</b>			<b>Relationship:</b>		
<b>Street Address:</b>				<b>Telephone:</b>	
<b>City:</b>	<b>State:</b>	<b>Zip:</b>	(       )		

**Employment Income Only:** List all **current** full time, part time and/or seasonal employment for ALL household members including earnings from self-employment. If you have income from sources other than employment, please see next section of Rental Application. If you are self-employed, please list your income after your business expenses are deducted.

HH Member	Place of Employment	How long Employed?	Employer's Address	Employer's Telephone	Monthly Income <u>GROSS</u>

**INCOME FROM OTHER SOURCES:**

List current income for ALL household members from sources **other than employment**. This includes, but is not limited to Public Assistance (not including Food Stamps or SNAP), Social Security, SSI, Unemployment, Alimony, Child Support, Workers' Compensation, Disability, Pension, Armed Forces, Income from rental property, regular contributions from people not residing with you, etc.

#HH Member	Source of Income	Address of Source of Income/Contact Person and Telephone Number	Monthly Income <u>GROSS</u>

Do you anticipate any changes in your income in the next 12 months?  YES  NO

If yes, please describe: \_\_\_\_\_

**ASSETS:**

Please include cash (wherever held), Bank accounts, Trust Accounts, Certificates of Deposit (CD), Stocks, Bonds, Mutual Funds, Securities, Savings Bonds, IRA, Life Insurance Policies, Real Estate, Investments, etc. List for ALL household members. If more space is needed, please list on a separate piece of paper and attach to this application.

**Check one of the following:**

- Within the past two (2) years, I/we have sold or given away assets (including cash, real estate, etc.) for more than \$1,000 below their fair market value (FMV).

They are as follows: \_\_\_\_\_  
 \_\_\_\_\_

- I/we have NOT sold or given away assets (including cash, real estate, etc.) for less than fair market value during the past two (2) years.

**Check one of the following:**

- I/we do not have any assets at this time. Assets include checking/savings accounts, stocks, bonds, and other types listed above.

- I/we do have assets. They are as follows:

#HH Member	Name of Institution	Account #	Type of Asset	Interest rate	Amount

**\*\* NOTE: If more space is needed, please list on separate sheet of paper and attach to application.**

Do you own Real Estate?  YES  NO

If yes, are you currently collecting rental income from this property?  YES  NO

If yes, complete the following:

Locations of Property

Annual Income from Property

\_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

Please answer of the following questions. If you select "yes", use the space provided to DESCRIBE your answer.

**These questions apply to you and ALL members of your household.**

Question:	NO	YES	Please describe:
Do you currently have a portable or transferrable voucher for a rental subsidy?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you currently live in unsafe or inadequate housing?	<input type="checkbox"/>	<input type="checkbox"/>	
Are you homeless or about to be homeless?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you require a 100% handicap accessible unit <u>due to use of a mobility device</u> , such as a wheelchair?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you own a pet?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you owned a home within the past three years?	<input type="checkbox"/>	<input type="checkbox"/>	
Have any household members ever been convicted of a felony?	<input type="checkbox"/>	<input type="checkbox"/>	
Are any household members registered as sex offenders?	<input type="checkbox"/>	<input type="checkbox"/>	
Has any household member been convicted of manufacturing methamphetamines in their home?	<input type="checkbox"/>	<input type="checkbox"/>	
Are ALL members of your household, including yourself, considered to be full-time students?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you or any member of your household served in the military?	<input type="checkbox"/>	<input type="checkbox"/>	

**Special Needs**

NYS Homes and Community Renewal has identified "frail elderly" as one of the special needs populations under their targeting initiative. Frail elderly persons are defined as persons aged 60 and over requiring assistance with one or more *Activities of Daily Living*, or two or more *Instrumental Activities of Daily Living*. Also, persons aged 60 or over who have limitations in mental capacity or emotional strength and motivation that affect their capacity to viably live independently; that is without assistance or intervention.

**Does anyone in your household aged 60 or older have special needs?**  YES  NO

**Do require aide in one or more of the following activities? Check all that apply:**

Bathing  Dressing  Eating  Grooming/Personal Hygiene

Transferring: Moving between Bed and chair/wheelchair  Mobility: Move about by self or with adaptive equipment  Toileting: getting to/from toilet; transferring on/off toilet

**How many of the following activities of daily living do you need help with? Check all that apply:**

Shopping  Laundry  Chores  Telephone use  Self-administering medication

Housework/cleaning  Getting to places out of walking ability  Prepare/cook meals

Handling personal business/finance  Capacity to direct home care personnel

**Is any member of your household visually or hearing impaired?**  YES  NO

**This application will be considered INCOMPLETE if not signed by all household members over the age of 18.**

**CREDIT & CRIMINAL HISTORY & LANDLORD/PERSONAL REFERENCES**

The undersigned applicant(s) and co-signer(s) hereby consent to allow RUPCO, itself or through its designated agents or employees, to obtain a consumer report and criminal record information on each of us and to obtain and verify each of our credit and employment information for the purpose of determining whether to lease an apartment or house to me/us. We also agree and understand that owner and its agents and employees will obtain Landlord References and in some instances Personal References. Upon my/our request, owner will tell me/us whether consumer reports or criminal record reports were requested and the names and addresses of any consumer reporting agency that provided such reports.

I understand that if my application is rejected on the basis of my criminal history I will be provided with any documentation used to deny my application and an explanation of the denial, after which time I will have 14 business days to review, contest, present evidence of rehabilitation, and explain any conviction on my record that led to the denial of my application.

**CERTIFICATION:**

I/We certify that all information provided on this application and any addenda thereto is true, complete and accurate. I/We understand that if any of the information is false, misleading or incomplete, management may decline our application or if move in has occurred, terminate our Rental Agreement.

I/We agree to notify RUPCO immediately in writing regarding any changes in household address, telephone numbers, income, assets and household composition.

**SIGNATURES:**

\_\_\_\_\_  
**Head of Household** (Print Name) Date

\_\_\_\_\_  
**Co- Head of Household** (Print Name) Date

\_\_\_\_\_  
**Other Adult Household Member** (Print Name) Date

**These questions are optional and have no bearing on your eligibility. They are for statistical purposes.**

1.) **How did you hear about us?** Newspaper:  Friend:  Family:  Website:  Local Agency:  Other:  Specify: \_\_\_\_\_

2.) **Marital Status:** Married  Single  Separated  Divorced  Widowed

3. **Handicapped/Disabled:** Yes  No

**4.) Race & Ethnic Origin:** the following information is requested by the Federal Government in order to monitor compliance with Federal Laws prohibiting discrimination against applicants seeking participation in this program. You are not required to furnish this information; however, you are encouraged to do so. If you chose not to furnish this information, we are required to note the race/national origin of individual applicants on the basis of visual observation or surname.

Please check the box which you feel best describes your ethnic origin:

Hispanic  Non-Hispanic

Please check the box which you feel best describes your race:

Caucasian  African American  Native American   
Alaskan Native  Asian or Pacific Islander  Multi-Race  Please describe: \_\_\_\_\_

**We do not discriminate on the basis of race, religion, national origin, color, creed, age, sex, disability, familial status, marital status, sexual orientation, gender identity or lawful source of income.**

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# The Mews at Prattsville Applicants ONLY

## Application for Project Based Rental Assistance

The Mews at Prattsville offers 36 units that come with rental assistance. The majority of these apartments are one bedroom and are for senior citizens over the age of 55. If you would like to be considered for one of these apartments, please complete this page front and back.

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

Current Address: \_\_\_\_\_ Apt. # \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Other Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

### HOUSEHOLD COMPOSITION AND OTHER CHARACTERISTICS:

- List the Head of Household and all other household members who will be staying in the apartment 4 nights a week or more.
- List the relationship of each family member to the Head of Household.
- List Race for each household member [for statistical purposes only]: (1) White; (2) Black; (3) American Indian/Native Alaskan; (4) Asian Pacific Islander 4. List Ethnicity for each household member [for statistical purposes only]: (1) Hispanic or (2) Non-Hispanic

MEMBER'S FULL NAME (PLEASE PRINT)	RELATION TO HEAD	BIRTH DATE	SEX M/F	RACE 1,2,3,4	ETHNICITY 1,2	SOCIAL SECURITY NUMBER

- Is the Head of Household or Co-Head handicapped or disabled? -----YES  NO
- If you are a person with a disability, do you require a specific accommodation to utilize our services?----- YES  NO
- How many people live in your household now? \_\_\_\_\_
- How many bedrooms do you currently have? \_\_\_\_\_
- Are you now living in a federally subsidized unit? -----YES  NO
- Have you ever been evicted from public housing?----- YES  NO
- Have you ever received Housing Choice Voucher Program (Section 8) assistance before?----- YES  NO   
If yes, where and when? \_\_\_\_\_  
Why was your subsidy terminated? \_\_\_\_\_
- Have you or anyone in your household been convicted of a drug related felony or violent crime  
Within the past twelve months?----- YES  NO

## Application for Project Based Rental Assistance (cont.)

### INCOME INFORMATION

Provide all information about the FULL GROSS MONTHLY INCOME for all household members in the table below.  
(Please use SS for Social Security, SSI for Supplemental Security Income, PA or TANF for public assistance)

MEMBER FULL NAME (Please Print)	SOURCE OF INCOME (SS, SSI, PA, ETC.)	GROSS MONTHLY INCOME
		\$
		\$
		\$
		\$
		\$

**NOTICE:** Any attempt to obtain rent subsidy from the U.S. Department of Housing and Urban Development by false information, impersonation, failure to disclose or other fraudulent act is a felony under Title 18, Section 1001 of the U.S. Code. Any act of assistance to commit fraud is also punishable under this statute.

### CERTIFICATION

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**I understand that any misrepresentation of information or failure to disclose information requested on this application may disqualify me from consideration for admission or participation, and may be grounds for denial or termination of assistance.**

**I hereby certify that the information provided to RUPCO, Inc. on this application is accurate and complete to the best of my knowledge and belief.**

Head of Household: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature

Spouse or Co-head: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature

Return completed application to: **RUPCO Inc. 289 Fair Street Kingston, NY 12401**

*NO ONE MAY CHARGE ANY APPLICANT A FEE TO SUBMIT AN APPLICATION FOR SECTION 8 ASSISTANCE AND/OR AS A CONDITION FOR RECEIVING ASSISTANCE IF YOU ARE DETERMINED ELIGIBLE. IF ANYONE ATTEMPTS TO DO SO, PLEASE CALL THE NEW YORK STATE INSPECTOR GENERAL'S OFFICE AT: 1-800-367-4448.*



# MILTON HARVEST APPLICANTS ONLY

Milton Harvest offers 8 units that come with rental assistance for persons age 55 and older. If you would like to be considered for one of these apartments, please complete the following application. If your income is below \$10,600.00 annually, you **must** complete this form in order to qualify for housing at Milton Harvest.

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

Current Address: \_\_\_\_\_ Apt. # \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Other Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

**HOUSEHOLD COMPOSITION:**

1. List the Head of Household and all other household members who will be staying in the apartment 4 nights a week or more.
2. List the relationship of each family member to the Head of Household.
3. List Race for each household member [for statistical purposes only]: (1) White; (2) Black; (3) American Indian/Native Alaskan; (4) Asian Pacific Islander
4. List Ethnicity for each household member [for statistical purposes only]: (1) Hispanic or (2) Non-Hispanic

MEMBER'S FULL NAME (PLEASE PRINT)	RELATION TO HEAD	BIRTH DATE	SEX M/F	RACE 1,2,3,4	ETHNICITY 1,2	SOCIAL SECURITY NUMBER

5. Is the Head of Household or Co-Head handicapped or disabled? ----- YES  NO
6. If you are a person with a disability, do you require a specific accommodation to utilize our services?----- YES  NO
7. How many people live in your household now? \_\_\_\_\_
8. How many bedrooms do you currently have? \_\_\_\_\_
9. Are you now living in a federally subsidized unit? -----YES  NO
10. Have you ever been evicted from public housing?-----YES  NO
11. Have you ever received Housing Choice Voucher Program (Section 8) assistance before?----- YES  NO   
 If yes, where and when? \_\_\_\_\_  
 Why was your subsidy terminated? \_\_\_\_\_
12. Have you or anyone in your household been convicted of a drug related felony or violent crime  
 Within the past twelve months?-----YES  NO

## INCOME INFORMATION

Provide all information about the FULL GROSS MONTHLY INCOME for all household members in the table below.  
(Please use SS for Social Security, SSI for Supplemental Security Income, PA or TANF for public assistance)

MEMBER FULL NAME (Please Print)	SOURCE OF INCOME (SS, SSI, PA, ETC.)	GROSS MONTHLY INCOME
		\$
		\$
		\$
		\$
		\$

**NOTICE: Any attempt to obtain rent subsidy from the U.S. Department of Housing and Urban Development by false information, impersonation, failure to disclose or other fraudulent act is a felony under Title 18, Section 1001 of the U.S. Code. Any act of assistance to commit fraud is also punishable under this statute.**

## CERTIFICATION

---

**I understand that any misrepresentation of information or failure to disclose information requested on this application may disqualify me from consideration for admission or participation, and may be grounds for denial or termination of assistance.**

**I hereby certify that the information provided to RUPCO, Inc. on this application is accurate and complete to the best of my knowledge and belief.**

Head of Household: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature

Spouse or Co-head: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature

Return completed application to: **RUPCO Inc. 289 Fair Street Kingston, NY 12401**

*NO ONE MAY CHARGE ANY APPLICANT A FEE TO SUBMIT AN APPLICATION FOR SECTION 8 ASSISTANCE AND/OR AS A CONDITION FOR RECEIVING ASSISTANCE IF YOU ARE DETERMINED ELIGIBLE. IF ANYONE ATTEMPTS TO DO SO, PLEASE CALL THE NEW YORK STATE INSPECTOR GENERAL'S OFFICE AT: 1-800-367-4448.*

# Artistic Work Addendum

## Lace Mill Applicants Only

### ARTISTIC WORK:

Preference for all 55 units at The Lace Mill will be given to artists from diverse artistic and cultural backgrounds. Only one adult household member, 18 or older, needs to demonstrate a commitment as a practicing artist, in order to qualify for the artist preference. If you wish to be considered for artist housing, please complete this section. Also read the Artist Review Process attached to this application. Describe your artistic work; years involved in your artist work; public shows, performances, publications, etc. of your art. If you need additional space, please attach a separate sheet to this application.

1.) Name of Artist in Household:

2.) What portion of your income is derived from your art, if any?

3.) Are you prepared to demonstrate to a committee that you are actively engaged in your art form? Yes No

4.) Please write an Artist Statement, briefly describing your art form, how long you have been creating, your inspiration and your goals:

5.) Why are you interested in living and participating in this artist community? What are your expectations? What do you see as your responsibilities?

6.) Have you ever lived in an artist housing situation before? If yes, where and what was your main Impression or experience?

## **ARTIST REVIEW PROCESS**

### **ARTIST DEFINITION**

We define the term “artist” to encompass a wide variety of creative pursuits and we are committed to attracting creative individuals and families from diverse artistic and cultural backgrounds.

Artist shall be defined as:

- A person who works in, or is skilled in any of the fine arts, including but not limited to, painting, drawing, sculpture, book arts, printmaking and mixed-media.
- A person who creates imaginative works of aesthetic value, including but not limited to literature, poetry, photography, music composition, choreography, architecture, graphic design, film, video and digital arts.
- A person who creates functional art, including but not limited to metal, textiles, paper, wood, ceramic, glass or plastic objects.
- A performer or theatrical artist, including but not limited to, singers, dancers, musicians, actors, performance artists; costume, lighting, sound, and set designers.
- In all art disciplines, a designer, technician, craftsperson, teacher or administrator who is dedicated to using their expertise within the community to support, promote, present, and/or teach and propagate their art form through events, activities, performances and classes.

### **ARTIST REVIEW PROCESS**

When there is a vacancy, staff will meet with pre-qualified prospective tenants and their families, to determine their level of commitment to the arts, community, and their art form. This will also help us understand your needs and expectations with regard to living in an artist community.

Applicants will not be judged on the content or quality of their artistic work. Applicants will need to demonstrate that they are actively engaged in their art form.

An artist’s creative work need not provide the primary source of income as it is often customary for artists to work in another field to support themselves and their art form.

Only one member of a household needs to demonstrate a commitment as a practicing artist, in order to qualify for the artist preference.

Artistic processes that are extremely noisy, require industrial zoning or involve hazardous materials will not be permitted to be conducted at The Lace Mill. Examples of artistic endeavors that may be excluded include welding, woodworking using power tools, amplified band practice and glass blowing.

# **Addendum A- Landmark Place Applicants Only**

**Are you Currently Homeless?**  YES  NO

If you answered **YES** to the homeless question above, please fill out the rest of this page. You may be eligible for one of our 35 rent supported apartments. Applicants for these units must be homeless and qualify in one or more of the five sub-categories to be considered for a subsidy. Applicants for the subsidized apartments will also be subject to the lottery.

**1. Frail Elderly** Seven Subsidized One Bedroom apartments are set aside for Frail/Elderly Residents.

Frail/Elderly: "persons aged 60 and over requiring assistance with 1 or more *Activities of Daily Living*, or 2 or more *Instrumental Activities of Daily Living*:"

**Please check all of the following that you require assistance with:**

- |  |  |
|--|--|
| <input type="checkbox"/> Shopping <input type="checkbox"/> Laundry <input type="checkbox"/> Chores <input type="checkbox"/> House Cleaning | <input type="checkbox"/> Bathing <input type="checkbox"/> Dressing <input type="checkbox"/> Eating <input type="checkbox"/> Hygiene/Grooming |
| <input type="checkbox"/> Telephone use <input type="checkbox"/> Taking meds. <input type="checkbox"/> Cooking                              | <input type="checkbox"/> Transferring: Moving from bed to chair/wheelchair   |
| <input type="checkbox"/> Directing home care staff <input type="checkbox"/> Handling finances  | <input type="checkbox"/> Mobility: Moving about, with/without adaptive equipment   |
| <input type="checkbox"/> Transport: Getting to places out of walking distance  | <input type="checkbox"/> Toileting: Getting on, off, to or from the toilet   |

Persons aged 60 or over who have limitations in mental capacity or emotional strength and motivation that affect their capacity to viably live independently; that is without assistance or intervention are also considered Frail/Elderly.

**Does this apply to a member of your household?**  YES  NO

**2. Chronically Homeless:** Ten subsidized studio apartments are set aside for the Chronically Homeless.

Chronically Homeless people have been homeless for at least one year, or have repeatedly been homeless.

**Does this apply to a member of your household?**  YES  NO

**3. Disabled Veteran:** Six subsidized studio apartments are set aside for Disabled Veterans

The term veteran is defined as: A former member of the Armed Forces of the United States (Army, Navy, Air Force Marine Corps, and Coast Guard) who served on active duty and was discharged under conditions which were other than dishonorable.

**Are you a Disabled Veteran?**  YES  NO

**4. Serious Mental Illness (SMI)** Six subsidized studio apartments are set aside for those with SMI.

Serious Mental Illness (SMI) is defined by the Diagnostic and Statistical Manual of Mental Disorders as: Mental illness that results in functional impairment which substantially interferes with or limits one or more major life activities.

**Have you been diagnosed with SMI?**  YES  NO

**5. Substance Use Disorder (SUD)** Six subsidized studio apartments are set aside for those with SUD.

Substance Use Disorder is defined by the Diagnostic and Statistical Manual of Mental Disorders as: A problematic pattern of using alcohol or another substance that results in impairment in daily life or noticeable distress.

**Have you been diagnosed with SUD?**  YES  NO

If you answered yes to any of the above, please provide information for any person(s) who can verify your status:

Name Title Phone number

Name	Title	Phone number