



ARTIST CERTIFICATION APPLICATION

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

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:_____

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:

Applicant's signature:

Date:

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