



## 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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