

**Please fill out and submit to:**

Artspace Utica Lofts  
1020 Park Ave  
Utica NY 13501  
Phone: 315-885-3541  
Fax: 315-885-3542



**Artspace Utica Lofts**

Date Received: \_\_\_\_\_

Time Received: \_\_\_\_\_

**I was referred by: (please check all that apply)**

- ☐ Agency: \_\_\_\_\_  
☐ Friend/Relative: \_\_\_\_\_  
☐ Newspaper   ☐ Flyer   ☐ TV   ☐ Article

**This property has an occupancy preference for artists. Are any members of the Household artists?**

- ☐ Yes; Name: \_\_\_\_\_  
☐ No

**I am interested in living in the following bedroom size: (please check all that apply):**

- ☐ One   ☐ Two

**Household Information**

Complete the following information for each household member that will occupy the unit at the time of move-in.

Name First, Middle Initial, Last	Relationship to Head of Household	Gender *response is optional and does not affect eligibility*	Social Security Number or Tax Payer Id Number	Birthdate Month/day/year	Disabled Yes/No	Student Status -Full time -Part time -No
	Head of Household					

**Applicant Contact Information**

Current Address : \_\_\_\_\_ Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_ Email Address: \_\_\_\_\_

**Emergency Contact:**

Name: \_\_\_\_\_ Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_



**Answer either YES or NO to each question.**

**YES**      **NO**

- ☐ ☐ 1. **Due to a disability, do you require a unit with special features? (please circle appropriate answer)**  
Wheelchair Accessible Unit    Unit for Vision-Impaired    Unit for Hearing-Impaired    One Level Unit    Extra Bedroom
- ☐ ☐ 2. **Do you or anyone in your family require a live in care attendant?**  
Name of Live in Care Attendant: \_\_\_\_\_
- ☐ ☐ 3. **Are you currently homeless or living in substandard housing?**  
This information must be able to be documented by an agency attesting to the conditions.  
Name of Agency: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_
- ☐ ☐ 4. **Do you currently reside in a Housing Visions apartment?**  
Reason for Transfer Request: \_\_\_\_\_
- ☐ ☐ 5. **Will your household be receiving Section 8 rental assistance at time of move-in?**  
*\*This information is not used as a basis for eligibility. New York State Human Rights Law prohibits the discrimination in housing based on lawful source of income like whether you have a Section 8 background.*  
Name of Agency: \_\_\_\_\_
- ☐ ☐ 6. **Do you have full custody of all children on the application?**  
If no, explanation of custody arrangements: \_\_\_\_\_
- ☐ ☐ 7. **Has anyone on the application been convicted of producing methamphetamine in the home?**  
Name: \_\_\_\_\_
- ☐ ☐ 8. **Is anyone listed on the application legally required to be a lifetime registrant on the state sex offender registry?**  
Name: \_\_\_\_\_

*If you are applying for state-funded housing and have a history of involvement with the criminal justice system, you have rights and protections including the opportunity for an individualized assessment. For more information visit <https://hcr.ny.gov/fair-housing-information> \**

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All questions above will be verified through the appropriate third-party source. It will be your responsibility to provide management with all necessary information to properly process your application and verify your eligibility. This will include names, addresses, phone and fax numbers, account numbers where applicable and any other information required to expedite this process.

All qualified applicants will be afforded equal opportunities without discrimination because of race, creed, color, national origin, sex, age, physical or mental disability, marital status, sexual orientation, gender identity or expression, military status, pregnancy, predisposing genetic characteristics, familial status, status as a victim of domestic violence, source of income, arrest records and criminal convictions, and citizenship and immigration status.

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**Attachments:**

VAWA Notice of Occupancy Rights

VAWA HUD Form 5382

Know Your Rights: New York State's Anti-Discrimination Policy (Justice-Involved Applicants for State-Funded Housing)



**Signature Clauses:**

I/We understand that management is relying on this information to prove my household's eligibility for the Low Income Housing Tax Credit Program. I/We certify that all information and answers to the above questions are true and complete to the best of my knowledge. I/We consent to release the necessary information to determine my eligibility. I/We understand that providing false information or making false statements may be grounds for denial of my application. I/We also understand that such action may result in criminal penalties.

I/We authorize my consent to have management verify the information contained in this application for purposes of proving my eligibility for occupancy. I/We will provide all necessary information including source names, addresses, phone numbers, and account numbers where applicable and any other information required for expediting this process. I/We authorize Housing Visions Unlimited, Inc. to obtain a criminal report. I/We understand that my/our occupancy is contingent on meeting management's resident selection criteria and the Low Income Housing Tax Credit Program or other applicable program requirements.

I/We do hereby authorize Housing Visions Unlimited, Inc. and/or its agents and its staff or authorized representatives to contact any individuals, agencies, offices, groups, or organizations to obtain and verify any information or materials, which are deemed necessary to complete my/our certification for housing in this project.

**Authorization:**

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**All Adult Household Members 18+ Must Sign Below**

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\_\_\_\_\_  
Signature of Applicant/Resident

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant/Resident

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant/Resident

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant/Resident

\_\_\_\_\_  
Date

