

Shipley Lofts Artist Preference Policy

The rental policy of Shipley Lofts is to fully comply with all federal, state, and local non-discrimination laws, the Civil Rights Acts, the Americans with Disabilities Act, and the US Department of Housing and Urban Development regulations governing Fair Housing and Equal Opportunity. We do not discriminate based on race, color, sex, age, religion, familial status, disability, or national origin.

Individuals submitting applications for rental units at Shipley Lofts must meet all prevailing income eligibility requirements as stipulated by the regulations governing IRS Low Income Housing Tax Credit properties, as well as the credit and criminal screening criteria established by the Owner.

Thereafter, applicants are placed on a "first come, first served" list based on their demonstrated status as a practicing artist. The following Artist Preference Policy shall be used to determine if an applicant is qualified for placement on the list.

Artist shall be defined as:

- A person who works in any of the fine arts, including but not limited to painting, drawing, sculpture, book arts, printmaking, and mixed media; or
- A person who creates imaginative works of aesthetic value, including but not limited to literature, theater, poetry, photography, music composition, choreography, film, and video; or
- A person who creates functional art, including but not limited to metal, textiles, paper, wood, ceramic, glass, or plastic objects; or
- A person who performs or is a theatrical artist, including but not limited to singers, dancers, musicians, and actors; or
- A person who maintains a curative practice or instructs in any art discipline.

To qualify as a practicing artist, an applicant must provide:

1. A current curriculum vitae/artist resume listing professional art experience, educational background, and formal training; and
2. Three (3) letters of support from patrons or art professionals (curators, producers, teachers, etc.) regarding the applicant's artistic endeavors; and
3. One of the following.
 - Evidence to support active and current pursuit of a recognized art form including a commission, portfolio, medium sample, CD recording, photographs, digital images, website, or other similar form of proof; or
 - Evidence that work has been presented in a recent exhibition, performance or public program including, playbill, catalogs, press clippings, on-line reviews, etc.; or
 - Proof of receipt of a Delaware Division of Arts grant or any comparable grant from the Endowment of the Arts or similarly recognized organization in the past five (5) years; or
 - Sample syllabi or catalog essays



Shipley Lofts Residency Application

Thank you for applying to live at Shipley Lofts at 701 Shipley Street, Wilmington, Delaware 19801. The information provided on this application will be treated as confidential. It includes both information necessary for determining eligibility for housing and information required for statistical purposes. The race, ethnicity, and gender information is requested in order to assure the federal government that federal laws prohibiting discrimination against applicants are complied with. You are not required to furnish this information but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. Please answer each question as completely as possible. Any information found to be incomplete and/or falsified will cause the application to be denied and not processed.

Warning: Section 1001 of Title 18 of the US Code makes it a criminal offense to make willful, false statements or misrepresentations of any material fact involving the use of or request for obtaining federal funds.

If you are disabled or have difficulty completing this form, assistance will be provided in a confidential manner and setting.

Part 1: Applicant Information

Full Name		
Current Street Address		
City	State	ZIP Code
Phone Number	Email Address	

Current Living Situation (check one):		
<input type="checkbox"/> Renting	<input type="checkbox"/> Living with Friend/ Family	<input type="checkbox"/> Fleeing Violence
<input type="checkbox"/> Own My Home	<input type="checkbox"/> Lacking Nighttime Residence	

Current Landlord's Full Name			
Street Address			
City	State	ZIP Code	
Phone Number	Move-In Date	Move-Out Date	Reason for Leaving

For marketing purposes, please let us know how you heard of us (check one):	
<input type="checkbox"/> Newspaper Ad	<input type="checkbox"/> Resident Referral
<input type="checkbox"/> Placemat	<input type="checkbox"/> Our Website
<input type="checkbox"/> Driving By	<input type="checkbox"/> Online Housing Resource
<input type="checkbox"/> Word of Mouth	<input type="checkbox"/> Other: _____





Part 2: Household Information

Number of Persons in Household: _____ Number of Bedrooms Needed: _____

1. List all household members that are applying to live in this apartment with you:

Full Name	Relationship to Head of Household	Sex	Date of Birth	Social Security Number	Optional: Leave Blank if Preferred	
					Race (Asian, Am. Indian/ Pac Is., Black/ Afro-Amer., White/ Caucasian, or Other)	Ethnicity (Hispanic or Non-Hispanic)
	Head of Household					

2. List all the states you and every household member listed above have lived in: _____

3. Is any household member listed above not a citizen of the United States of America? (check Yes or No) Yes No

If Yes:

Household Member's Name	Status (check one)
_____	<input type="checkbox"/> Green Card <input type="checkbox"/> Visa <input type="checkbox"/> Immigrant/ Refugee
_____	<input type="checkbox"/> Green Card <input type="checkbox"/> Visa <input type="checkbox"/> Immigrant/ Refugee
_____	<input type="checkbox"/> Green Card <input type="checkbox"/> Visa <input type="checkbox"/> Immigrant/ Refugee
_____	<input type="checkbox"/> Green Card <input type="checkbox"/> Visa <input type="checkbox"/> Immigrant/ Refugee

4. Is any household member listed above a student of higher education? (check Yes or No) Yes No

If Yes:

Household Member's Name

5. Is any household members including minors currently a part-time or full-time student, or expect to be one in the next 12 months? (check Yes or No) Yes No

If Yes:

Household Member's Name





Part 2: Household Information (Cont.)

For each of the following questions, please check Yes or No:	Yes	No
1. Do you expect any additions to the household within the next twelve months?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is there anyone living with you now who won't be living with you at this residence?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you have less than full custody of your child(ren)?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you have a family member who is permanently confined to a nursing home?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you have a child away at school who will live at your residence during school recesses?	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you have a household member who is temporarily absent from the home? If Yes, due to: (check one) <input type="checkbox"/> Employment <input type="checkbox"/> Military <input type="checkbox"/> Foster Care <input type="checkbox"/> Hospital <input type="checkbox"/> Nursing Home	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you have a live-in attendant for whom you have a doctor's note showing a medical need?	<input type="checkbox"/>	<input type="checkbox"/>
8. Are you or any member of your household currently in the US Military or are a US Military Veteran?	<input type="checkbox"/>	<input type="checkbox"/>
9. Are you or any member of your household a victim of a recent Presidential Declared Disaster?	<input type="checkbox"/>	<input type="checkbox"/>
10. Has any household member ever used any name or social security number other than the one they are currently using?	<input type="checkbox"/>	<input type="checkbox"/>
11. Have you or anyone else in your household filed for bankruptcy? (If Yes, please explain below.)	<input type="checkbox"/>	<input type="checkbox"/>
12. Has any member of your household been arrested and/ or convicted of a felony? (If Yes, please explain below. Date(s) of Arrest/ Conviction: _____)	<input type="checkbox"/>	<input type="checkbox"/>
13. Are you or any member of your household subject to a lifetime sex offender registry? (If Yes, please explain below.)	<input type="checkbox"/>	<input type="checkbox"/>
14. Are you or any member of your household a current user of a controlled substance, including medical marijuana?	<input type="checkbox"/>	<input type="checkbox"/>
15. Has a member of your household ever been evicted from a rental unit of any type? (If Yes, please explain below.)	<input type="checkbox"/>	<input type="checkbox"/>
16. Do you currently live in, or have lived in, Public or HUD-Assisted Housing, or been in HUD's Housing Choice Voucher Program? If Yes, please provide the landlord's name, complete address and phone number below.	<input type="checkbox"/>	<input type="checkbox"/>
17. Do you or any member of your household owe money to HUD or a previous landlord?	<input type="checkbox"/>	<input type="checkbox"/>

For any question above answered with Yes, please explain:	
Question #	Explanation



Part 3: Income Information

Include all income anticipated for the next 12 months, for all household members.

Check Yes or No if <u>you or anyone in your household</u> receive or expect to receive income from the following:	Yes	No
1. Employments wages or salaries? (Include overtime, tips, bonuses, commissions and cash payments.)	<input type="checkbox"/>	<input type="checkbox"/>
2. Self-employment? (Include overtime, tips, bonuses, commissions and cash payments.)	<input type="checkbox"/>	<input type="checkbox"/>
3. Regular pay as a member of the Armed Forces?	<input type="checkbox"/>	<input type="checkbox"/>
4. Unemployment Benefits or Workman's Compensation?	<input type="checkbox"/>	<input type="checkbox"/>
5. Public Assistance, General Relief, or Aid to Families with Dependent Children? (AFDC)	<input type="checkbox"/>	<input type="checkbox"/>
6. Social Security, SSI, or any other payments from the Social Security Administration? (Include benefits paid under someone else's name.)	<input type="checkbox"/>	<input type="checkbox"/>
7. Regular payments from a Veteran's benefit, pension, retirement benefit, or annuities?	<input type="checkbox"/>	<input type="checkbox"/>
8. Regular payments from a severance package?	<input type="checkbox"/>	<input type="checkbox"/>
9. Regular payments from any type of settlement? (Example: an insurance settlement.)	<input type="checkbox"/>	<input type="checkbox"/>
10. Regular gifts or payments from anyone outside of the household? (This includes anyone supplementing your income or paying any of your bills.)	<input type="checkbox"/>	<input type="checkbox"/>
11. Educational grants, scholarships, or other student benefits?	<input type="checkbox"/>	<input type="checkbox"/>
12. Regular payments from lottery winnings or inheritances?	<input type="checkbox"/>	<input type="checkbox"/>
13. Regular payments from a rental property or other type of real estate transactions?	<input type="checkbox"/>	<input type="checkbox"/>
14. Do you currently have existing assets which you are planning to use to supplement the rental payments?	<input type="checkbox"/>	<input type="checkbox"/>
15. Any other income sources not listed above?	<input type="checkbox"/>	<input type="checkbox"/>
16. Do you or any other household members expect any changes to your income in the next 12 months?	<input type="checkbox"/>	<input type="checkbox"/>

For any question above answered with Yes, please explain:			
Question #	Household Member's Name	Source of Income	Amount \$



Part 4: Asset Information

Include **all assets** held by **all household members including minors**.
 Include all assets held and the income derived from the asset.

Check Yes or No if you or anyone in your household have:	Yes	No
1. Checking or Savings account?	<input type="checkbox"/>	<input type="checkbox"/>
2. CDs, Money Market accounts, or Treasury Bills?	<input type="checkbox"/>	<input type="checkbox"/>
3. Stocks, Bonds, or Securities?	<input type="checkbox"/>	<input type="checkbox"/>
4. Trust Funds?	<input type="checkbox"/>	<input type="checkbox"/>
5. Pensions, IRAs, Keogh, or Other Retirement Accounts?	<input type="checkbox"/>	<input type="checkbox"/>
6. Cash on Hands Over \$500?	<input type="checkbox"/>	<input type="checkbox"/>
7. Real Estate, Rental Property, Land Contracts/ Contract for Deeds, or Other Real Estate Holdings? (This includes your personal residence, mobile homes, vacant land, farms, vacation homes, or commercial property.)	<input type="checkbox"/>	<input type="checkbox"/>
8. Personal Property Held as an Investment? (Include paintings, coin or stamp collections, artwork, collector/show cars, and antiques. Do not include your personal belongings such as your car, furniture, or clothing.)	<input type="checkbox"/>	<input type="checkbox"/>
9. Direct Express/ Debit Cards?	<input type="checkbox"/>	<input type="checkbox"/>
10. Funeral Account? If Yes (check one): <input type="checkbox"/> Revocable <input type="checkbox"/> Irrevocable	<input type="checkbox"/>	<input type="checkbox"/>
11. Life Insurance? If Yes (check one): <input type="checkbox"/> Whole <input type="checkbox"/> Term	<input type="checkbox"/>	<input type="checkbox"/>
12. A Safe Deposit Box?	<input type="checkbox"/>	<input type="checkbox"/>
13. Other? (Please explain below.)	<input type="checkbox"/>	<input type="checkbox"/>
14. Given away any asset(s) for LESS than fair market value within the past 2 years?	<input type="checkbox"/>	<input type="checkbox"/>
15. Sold any real estate in the last 2 years?	<input type="checkbox"/>	<input type="checkbox"/>
16. I/ We do not have any assets at this time.	<input type="checkbox"/>	<input type="checkbox"/>

For any question above answered with Yes, please explain: (If more space is needed, use back of page.)			
Question #	Household Member's Name	Source of Income	Amount \$



Part 6: Program Eligibility

For the following questions regarding specific eligibility requirements, please check Yes or No:	Yes	No
Will your household be receiving or applying to receive Section 8 Rental Assistance in the next 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, please check Yes or No for the following questions:		
a. Does any household member pay childcare expenses to enable them to work?	<input type="checkbox"/>	<input type="checkbox"/>
b. Does any household member pay handicap/ disability expenses to enable them to work?	<input type="checkbox"/>	<input type="checkbox"/>
c. Do you pay for prescription medications?	<input type="checkbox"/>	<input type="checkbox"/>
d. Do you pay a medical insurance premium?	<input type="checkbox"/>	<input type="checkbox"/>
e. Do you pay for Medicare coverage?	<input type="checkbox"/>	<input type="checkbox"/>
f. Do you pay for over the counter medications/supplies?	<input type="checkbox"/>	<input type="checkbox"/>

Part 7: Reasonable Accommodations

Individuals with disabilities have the right to request reasonable accommodations, which include changes, exceptions or adjustments to a program, service, building, dwelling unit, or workplace that will allow a qualified person with a disability to participate fully in a program, take advantage of a service, live in a dwelling, or perform a job.

Do you or any household member require a special accommodation in your unit, or a need for a handicap/ disability accessible unit? (Check Yes or No)	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, explain:	
Explanation	

Part 8: Vehicle Identification

List vehicle information for all vehicles that are owned or operated by any household member. Proof of valid driver's license, registration, and insurance will be required.

	Tag/ License Plate #	State Issued	Make / Model / Year
Vehicle #1:	_____	_____	_____
Vehicle #2:	_____	_____	_____





Part 9: Certification and Consent to Release of Information

All household members 18 and older must sign this application. By signing the application, I/we certify the accuracy of the information contained herein. I/We consent to release the necessary information to determine my eligibility, appropriate bedroom size, and the amount my household will pay in rent. I/we understand that this will be my/our **only** residence. I/we authorize management to contact my/our present/prior landlords for information regarding my/our tenancy and to access records pertaining to me/us which may be on file with credit bureau authorities. I/we authorize a credit and criminal background check including the State/National Sex Offender Registry for all adult household members. I/we understand that providing false information or making false statements may be grounds for denial of my/our application. I also understand that such actions may result in penalties. I/we understand that my/our occupancy is contingent on meeting Tenant Selection Policy Program requirements.

_____	Signature	_____	Date
_____	Signature	_____	Date
_____	Signature	_____	Date
_____	Signature	_____	Date

You have now completed the residency application for Shipley Lofts

The following two pages are an optional part of this application from the Department of Housing and Urban Development (HUD): Race and Ethnic Data Reporting Form and Supplement to Application for Federally Assisted Housing. You may complete them if you wish.

Office Use Only	
Date Application Received	
Time Application Received	
Signature	



Race and Ethnic Data Reporting Form

U.S. Department of Housing and Urban Development
Office of Housing

OMB Approval No. 2502-0204
(Exp. 06/30/2017)

Name of Property **Project No.** **Address of Property**

Name of Owner/Managing Agent **Type of Assistance or Program Title:**

Name of Head of Household **Name of Household Member**

Date (mm/dd/yyyy): _____

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	Select All that Apply
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

***Definitions of these categories may be found on the reverse side.**

There is no penalty for persons who do not complete the form.

Signature

Date

Public reporting burden for this collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

--	--

Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.