## \*\*\*LOTTERY APPLICATION DEADLINE FOR THE ARTIST LOFTS IS May 18th 2023\*\*\* \*\*\*LOTTERY DATE: June 2nd, 2023\*\*\*



## Copper City Lofts 183 Dominick Street Rome, NY 13441

Send application by mail only to:

C/O Kearney Realty & Development Group
57 Route 6, Suite 207

Baldwin Place, NY 10505

Phone: 845-306-7705

## 1. APPLICANT INFORMATION:

Address:			Apt#:
City:		State:	Zip:
Home Phone:	Cell Phone:	Work Phone: _	
SSN/Taxpayer ID#:	DOB:	Gross Income:	
Fmail:			
	ATION:		
2. CO-APPLICANT INFORMA Name:	ATION:		
2. CO-APPLICANT INFORMA Name:	ATION:		Apt#:
2. CO-APPLICANT INFORMA  Name:  Address:	ATION:		Apt#:
2. CO-APPLICANT INFORMA  Name:  Address:  City:	ATION:	State:	Apt#: Zip:

Is one or more applicant involved in "Artistic or Literary activities" ie, Are you an individual who practices one of the fine, design, graphic, musical, literary, computer or performing arts, culinary arts; or an individual whose profession relies on the application of the above mentioned skills to produce creative product; i.e. an architect, craftsperson, photographer, etc. All these creative products are defined as "art".

Yes

No













JLI	_ NAME	RELATIONSHIP	D.O.B.	Full Time Student?	' '
		Head of Household	/ /	Y or N	Y or N
				Y or N	
-			_//_	Y or N	
. Do	you expect any chang	e (s) in your family size?		YESI	NO
If	YES, EXPLAIN:				
ŀ.	RENT:				
	What is your Curren	t Monthly Rent \$		_	
	Check Utilities paid by	you now:			
	Check Utilities paid by □  ☐ Heat \$	you now: per month  □ Gas \$	per n	_ nonth □ Other \$	per month
	Check Utilities paid by □ □ Heat \$ □ Electricity \$	you now: per month	per n per	_ nonth □ Other \$ <sub>_</sub> month	
 5 <b>.</b>	Check Utilities paid by □ □ Heat \$ □ Electricity \$	you now: per month  □ Gas \$	per n per	_ nonth □ Other \$ <sub>_</sub> month	
 5.	Check Utilities paid by Section 1. Heat \$	you now: per month	per n per	nonth	
<b>5.</b>	Check Utilities paid by Section 1. Heat \$	you now: per month	per n per	nonth	members.  S EARNINGS (Pre-T
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## **OTHER SOURCES OF INCOME:** 6.

(EXAMPLES: welfare, social security, SSI, pensions, disability compensation, unemployment compensation, interest, baby-sitting, care-giving, alimony, annuities, dividends, income from rental property and/or Armed Forces Reserves.)

H	OUSEHOLD MEMBER	SOURCE		AMOUNT
			\$	Weekly/ biweekly/ monthly (circle or
			\$	Weekly/ biweekly/ monthly (circle or
				Weekly/ biweekly/ monthly (circle or
Plea	rou file Income Tax Returns se list total household incor s differs from the current ye	me from the previo ar, please explain:		
7.	HOUSEHOLD ASSET			
	Checking Accounts:			
	Bank:		_ Acct. No.:	Amt.:
	Bank:		Acct. No.:	Amt.:
	Savings Accounts: (incl	udes Passbook/State	ment and Christn	nas/Vacation Clubs)
	Bank:		_ Acct. No.:	Amt.:
	Bank:		Acct. No.:	Amt.:
	Certificates of Deposit (	<u>(CD's)</u> :		
	Bank:		_ Acct. No.:	Amt.:
	Bank:		_ Acct. No.:	Amt.:
	Bank:		_ Acct. No.:	Amt.:
	<b>Credit Union Shares</b> :			
	Credit Union Name:			_ Amt.:
	Address			
	Stocks/Bonds (value): \$		Saving	s Bonds (value):
	Other Amt.: (includes IR.	A's, trust, mutual i	funds, whole lif	e insurance etc.) \$
Does	the applicant or co-applicant	<b>NOW</b> own real estat	te:	YESNO
	If "yes", what is the value:			
	Has the applicant or co-ap			













	D' L CA L		
8.	Disposal of Assets		
Have voi	disposed of any assets in the last 2 years (Example: Given away money to relatives, set up true	ist account	ts)?
Yes 🛚	No		
	scribe the asset		
	isposition Disposed of \$		
	•		
Do you h If yes, ple	ave any other assets not listed above (excluding personal property)? □ Yes □ No		
, , ,			
	Student Status		
	the persons in the household be or have been full time students during five calendar months one next calendar year at an education institution with regular faculty and students? □ Yes	f this year o □ No	or plan
IF YES, A	ANSWER THE FOLLOWING QUESTIONS:		
Are any f	ull time students(s) married and filing a joint tax return?	□ Yes	□ No
Partnersh		□ Yes	□ No
Are any f	ull time student(s) a TANF or a title IV recipient?	□ Yes	□ No
	ull time student(s) a single parent living with his/her minor child who is not a dependent on tax return?	Yes	□ No
Was a st	udent previously a foster child?	□ Yes	□ No
9. <u> </u>	HOW DID YOU HEAR ABOUT THIS DEVELOPMENT?		
	Friend		
	Employer		
	Sign Posted on Building		
	Website/ Internet	(list	site)
	Newspaper (Identity): On-line Version?		
	Church/ Synagogue (Identify):		
	Community Organization (Identify):		
_	Hudson River Housing		
	Other (Identify):		
П			













10.	<u>DOCUMENTATION</u>						
	All household members must submit <u>COPIES</u> of	f the following docur	nents with their ap	plication:			
	2020 & 2021 <b>W2's</b> and <b>Federal Tax</b>	Returns with all Sch	edules				
	6 Weeks of the Most Recent Pay Stube e.g. social security, pension, disability		any other source of in	come,			
	6 Months of all Bank, Credit Union, an	d Investment Statemer	nts (all pages)				
	Most Recent Retirement Fund Account Statements (e.g. 403b, 401k)						
	Birth Certificate, Driver's License or Pa	assport					
<b>RE</b>	QUESTED AFTER THE LOTTERY  STATISTICAL INFORMATION	FOR QUALIF	ICATION PU	RPOSES			
a.	The following information is required for statist Urban Development (HUD) may determine the coff different racial & ethnic backgrounds.  RACIAL GROUP IDENTIFICATION: Used for statistics.	legree to which its p	rograms are utilize	d by people			
	group for the <u>head of household only</u> ). White	American Indi	an or Alaska Native &	White			
	Black or African American	Asian & White					
	Asian	Black or Africa	n American & White				
	American Indian or Alaska Native	American Indi	an or Alaska Native &	. Black or			
	Native Hawaiian or Other Pacific Islander	Other					
		Prefer Not to A	Answer				
b.	<b>ETHNICITY</b> : (check <b>only one</b> from this group)	Hispanic	Non-Hispanic	Prefer Not to Answer			
 12. A.	ACCESSIBLITY/ADAPTABILITY:  Would any household member benefit from						
	Check all that apply:Wheelchair accessible?	-	-				
	KEARNEY PER SPECTURING	3					

B.	Are any members of this household physically disabled or have traumatic brain injury?	Yes	☐ No
C.	Do any members of this household have a psychiatric disability	? Yes	☐ No
D.	Are you or any members of this household a veteran?	Yes	No
	CONSUMER CREDIT INFORMATION		
credit obtained reputation which and to application	hereby authorize Hudson River Housing and Kearney Realty & Development to ubureau or other investigative agencies employed by such, to investigate refered from me or from any person pertaining to my employment history, credit, tion, personal characteristics and mode of living, to obtain a consumer report may result thereby, and to disclose and furnish such information to the organ agencies that made or will make funding available in connection with this projection. I have been advised that I have the right, under 606B of the Fair Credit, within reasonable time, for a complete and accurate disclosure of the nature at	ences, or star prior tenancial and such of izations listed perty listed al it Reporting A	tements or other data es, character, general ther credit information above, to the owner, pove in support of this Act, to make a written
	Applicant Signature	Date	
	Co-Applicant Signature	Date	
	I (WE) DECLARE THAT THE STATEMENTS CONTAINED IN THIS APPLIC COMPLETE TO THE BEST OF MY KNOWLEDGE. WARNING: WILLFUL F MISREPRESENTATIONS ARE A CRIMINAL OFFENSE.		
	Applicant Signature	Date	
	Co-Applicant Signature	Date	
	Please do not write below this line. For Management purposes only  Date application received  Time application received		
	KEARNEY (A)	, (i	













Artist Certification verified		
Need for accessible Unit verified	i	
AMI %		
Income Limit	Household Income	Rent











