

**\*\*\*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:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt#: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

SSN/Taxpayer ID#: \_\_\_\_\_ DOB: \_\_\_\_\_ Gross Income: \_\_\_\_\_

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

**2. CO-APPLICANT INFORMATION:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt#: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

SSN/Taxpayer ID #: \_\_\_\_\_ DOB: \_\_\_\_\_ Gross Income: \_\_\_\_\_

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

***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, craftsman, photographer, etc. All these creative products are defined as "art".***

Yes

No



**3. LIST ALL PERSONS WHO WILL LIVE WITH YOU, PLEASE START WITH YOURSELF:**

FULL NAME	RELATIONSHIP	D.O.B.	Full Time Student?	Employed Y or N
a. _____	Head of Household	/__/__/	Y or N	_____
b. _____	_____	/__/__/	Y or N	_____
c. _____	_____	/__/__/	Y or N	_____
d. _____	_____	/__/__/	Y or N	_____

e. Do you expect any change (s) in your family size? \_\_\_\_\_ YES \_\_\_\_\_ NO

If **YES**, EXPLAIN: \_\_\_\_\_

**4. RENT:**

What is your Current Monthly Rent \$ \_\_\_\_\_

Check Utilities paid by you now:

- Heat \$ \_\_\_\_\_ per month   
  Gas \$ \_\_\_\_\_ per month   
  Other \$ \_\_\_\_\_ per month  
 Electricity \$ \_\_\_\_\_ per month   
  Water \$ \_\_\_\_\_ per month

**5. INCOME:**

List **ALL** full-time, part-time, seasonal and/or temporary employment for **ALL** household members. Include overtime pay, commissions, fees, tips, bonuses and/or self-employed earnings.

HOUSEHOLD MEMBER	EMPLOYER'S NAME/ADDRESS	GROSS EARNINGS (Pre-Tax)	
		CURRENT	ANTICIPATED
_____	_____	\$ _____	\$ _____
		Weekly/ biweekly/ monthly (circle one)	
_____	_____	\$ _____	\$ _____
		Weekly/ biweekly/ monthly (circle one)	
_____	_____	\$ _____	\$ _____
		Weekly/ biweekly/ monthly (circle one)	



**6. OTHER SOURCES OF INCOME:**

**(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.)

HOUSEHOLD MEMBER	SOURCE	AMOUNT
_____	_____	\$ _____ Weekly/ biweekly/ monthly ( <b>circle one</b> )
_____	_____	\$ _____ Weekly/ biweekly/ monthly ( <b>circle one</b> )
_____	_____	\$ _____ Weekly/ biweekly/ monthly ( <b>circle one</b> )

Do you file Income Tax Returns?  Yes  No

Please list total household income from the previous year: \$ \_\_\_\_\_  
 If this differs from the current year, please explain: \_\_\_\_\_

**7. HOUSEHOLD ASSETS:**

**Checking Accounts:**

Bank: \_\_\_\_\_ Acct. No.: \_\_\_\_\_ Amt.: \_\_\_\_\_

Bank: \_\_\_\_\_ Acct. No.: \_\_\_\_\_ Amt.: \_\_\_\_\_

**Savings Accounts:** *(includes Passbook/Statement and Christmas/Vacation Clubs)*

Bank: \_\_\_\_\_ Acct. No.: \_\_\_\_\_ Amt.: \_\_\_\_\_

Bank: \_\_\_\_\_ Acct. No.: \_\_\_\_\_ Amt.: \_\_\_\_\_

**Certificates of Deposit (CD's):**

Bank: \_\_\_\_\_ Acct. No.: \_\_\_\_\_ Amt.: \_\_\_\_\_

Bank: \_\_\_\_\_ Acct. No.: \_\_\_\_\_ Amt.: \_\_\_\_\_

Bank: \_\_\_\_\_ Acct. No.: \_\_\_\_\_ Amt.: \_\_\_\_\_

**Credit Union Shares:**

Credit Union Name: \_\_\_\_\_ Amt.: \_\_\_\_\_

Address \_\_\_\_\_

Stocks/Bonds (value): \$ \_\_\_\_\_ Savings Bonds (value): \_\_\_\_\_

Other Amt.: *(includes IRA's, trust, mutual funds, whole life insurance etc.)* \$ \_\_\_\_\_

Does the applicant or co-applicant **NOW** own real estate: \_\_\_\_\_ YES \_\_\_\_\_ NO

If "yes", what is the value: \_\_\_\_\_

Has the applicant or co-applicant **EVER** owned real estate? \_\_\_\_\_ YES \_\_\_\_\_ NO



If "yes", when? \_\_\_\_\_

## Disposal of Assets

8.

Have you disposed of any assets in the last 2 years (Example: Given away money to relatives, set up trust accounts)?  Yes  No

If yes, describe the asset

Date of disposition

Amount Disposed of \$

Do you have any other assets not listed above (excluding personal property)?  Yes  No

If yes, please list:

## Student Status

Will all of the persons in the household be or have been full time students during five calendar months of this year or plan to be in the next calendar year at an education institution with regular faculty and students?  Yes  No

IF YES, ANSWER THE FOLLOWING QUESTIONS:

Are any full time students(s) married and filing a joint tax return?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any student(s) enrolled in a job training program receiving assistance under the Job Training Partnership Act?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any full time student(s) a TANF or a title IV recipient?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any full time student(s) a single parent living with his/her minor child who is not a dependent on another's tax return?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was a student previously a foster child?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## 9. HOW DID YOU HEAR ABOUT THIS DEVELOPMENT?

- Friend
- Employer
- Sign Posted on Building
- Website/ Internet \_\_\_\_\_ (list site)
- Newspaper (Identify): \_\_\_\_\_ On-line Version? \_\_\_\_\_
- Church/ Synagogue (Identify): \_\_\_\_\_
- Community Organization (Identify): \_\_\_\_\_
- Hudson River Housing \_\_\_\_\_
- Other (Identify): \_\_\_\_\_



10. **DOCUMENTATION**

All household members must submit **COPIES** of the following documents with their application:

- \_\_\_\_\_ 2020 & 2021 **W2's** and **Federal Tax Returns with all Schedules**
- \_\_\_\_\_ 6 Weeks of the Most Recent Pay Stubs & documentation on any other source of income, e.g. social security, pension, disability, annuity payments
- \_\_\_\_\_ 6 Months of all Bank, Credit Union, and Investment Statements (**all pages**)
- \_\_\_\_\_ Most Recent Retirement Fund Account Statements (e.g. 403b, 401k)
- \_\_\_\_\_ Birth Certificate, Driver's License or Passport

**DOCUMENTATION OF INCOME AND ASSETS WILL BE REQUESTED AFTER THE LOTTERY FOR QUALIFICATION PURPOSES**

11. **STATISTICAL INFORMATION**

a. The following information is required for statistical purposes so that the Department of Housing and Urban Development (HUD) may determine the degree to which its programs are utilized by people of different racial & ethnic backgrounds.

**RACIAL GROUP IDENTIFICATION:** Used for statistical purposes only. (Please check only one from this group for the head of household only).

- |   |   |
|---|---|
| _____ White                                     | _____ American Indian or Alaska Native & White    |
| _____ Black or African American                 | _____ Asian & White                               |
| _____ Asian                                     | _____ Black or African American & White           |
| _____ American Indian or Alaska Native          | _____ American Indian or Alaska Native & Black or |
| _____ Native Hawaiian or Other Pacific Islander | _____ Other                                       |
|   | _____ Prefer Not to Answer                        |

b. **ETHNICITY:** (check **only one** from this group) \_\_\_\_\_ Hispanic \_\_\_\_\_ Non-Hispanic \_\_\_\_\_ Prefer Not to Answer

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12. **ACCESSIBILITY/ADAPTABILITY:**

A. **Would any household member benefit from special features of an accessible apartment?**

Check all that apply: \_\_\_ Wheelchair accessible? \_\_\_ Hearing Impaired? \_\_\_ Visually Impaired?



- 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**

I/ We hereby authorize Hudson River Housing and Kearney Realty & Development to use any consumer reporting agency, credit bureau or other investigative agencies employed by such, to investigate references, or statements or other data obtained from me or from any person pertaining to my employment history, credit, prior tenancies, character, general reputation, personal characteristics and mode of living, to obtain a consumer report and such other credit information which may result thereby, and to disclose and furnish such information to the organizations listed above, to the owner, and to agencies that made or will make funding available in connection with this property listed above in support of this application. I have been advised that I have the right, under 606B of the Fair Credit Reporting Act, to make a written request, within reasonable time, for a complete and accurate disclosure of the nature and scope of any investigation.

Applicant Signature	Date
Co-Applicant Signature	Date

**I (WE) DECLARE THAT THE STATEMENTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. WARNING: WILLFUL FALSE STATEMENTS OR MISREPRESENTATIONS ARE A CRIMINAL OFFENSE.**

Applicant Signature	Date
Co-Applicant Signature	Date

Please do not write below this line. For Management purposes only

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Date application received \_\_\_\_\_

Time application received \_\_\_\_\_



Artist Certification verified \_\_\_\_\_

Need for accessible Unit verified \_\_\_\_\_

AMI % \_\_\_\_\_

Income Limit \_\_\_\_\_ Household Income \_\_\_\_\_ Rent \_\_\_\_\_

