

**PEEKSKILL LIVE-WORK ART LOFTS**  
**ARTIST CERTIFICATION APPLICATION**

Applicant (Artist) Name: \_\_\_\_\_

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

\_\_\_\_\_ How long at this address? \_\_\_\_\_

Daytime phone number: \_\_\_\_\_

Evening Phone Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Address of unit to be occupied: \_\_\_\_\_

Type of unit desired: Condo \_\_\_\_\_ Co-op \_\_\_\_\_ Rental \_\_\_\_\_

# of bedrooms desired: \_\_\_\_\_ # of people to occupy unit: \_\_\_\_\_

Current field of art practiced and number of years: \_\_\_\_\_

\_\_\_\_\_  
Describe how the studio will be used, including types of materials and tools:

\_\_\_\_\_  
\_\_\_\_\_

If you will be using any hazardous materials or processes, or producing an above average noise level, please describe.

\_\_\_\_\_

Special or technological requirements: \_\_\_\_\_

Applicant's other field of employment and approximate number of hours per week:

\_\_\_\_\_

**Applicant's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_