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2016

Dear WĀV Applicant:

Thank you for your interest in our Working Artists Ventura (WĀV) community, a sustainable arts community located in the Cultural District of downtown Ventura, California. WĀV was created by PLACE and the Ventura community to provide affordable living and working space for artists and their families. WĀV offers affordable live/work suites for more than a hundred artists of every kind: painters, sculptors, dancers, poets, musicians, filmmakers and more. WĀV has been built to the highest environmental standards (LEED™ certified).

We are very pleased to send to you the attached application for the WĀV Waiting Pool. WĀV maintains a pool of artist and non-artist households waiting for the next available live/work suite. Periodically, there are openings at WĀV. When this occurs, new members of the WĀV community will be selected first from the Artist Waiting Pool.

Please complete the attached application and send the original by U.S. mail via first class to the WĀV Management Office, 175 South Ventura Avenue, Ventura, California 93001.

*Note: We cannot accept digital, faxed, or hand-delivered applications, or those delivered by courier services including FedEx or DHL.*

**As an artist applicant, you must include:**

1. A completed application
2. A one-page statement about why you wish to live and participate at the WĀV
3. An artist résumé describing your art experience and/or art education, and your performance and exhibit background
4. Three written letters of reference (not more than one page each) from people who know your work. (These do not have to be professors or art professionals but should be from people who have seen your work and know a little bit about your art experience and background.)

Once we receive your application, the WĀV Management Office will review and verify that the application is complete. Only complete applications will be forwarded to PLACE. We will then refer it to the Artist Selection Committee (ASC). The ASC will contact you to set up an interview with you and your household, at which time you can present your work and discuss your interest in the community.

The ASC process will result in a numerical evaluation from the committee members which will help determine when you are offered a unit from the Artist Waiting List.

PLACE meets and exceeds the **Equal Housing Opportunity Act**: We comply with and celebrate all local, state and federal laws that limit discrimination in housing on the basis of race, creed, age, color, national origin, sex, sexual orientation, political affiliation, bad attitude, disability, belief system, or marital or familial status, or on the basis of source of income, AIDS or AIDS-related condition.



## The Artist Evaluation Process

The WĀV community offers fifty-three live/work suites that received special arts funding and were designed to meet the needs of artists. There is a preference in these units for artists over non-artist households. The artist evaluation process was created together with the people of Ventura and is administered consistently to each applicant by a trained panel of no fewer than four members. The process is designed to be fair and to comply with all local, state and federal fair housing laws, including the requirements of HUD Handbook 4350.3, and California's UNRUH provisions.

When we receive notice of an appropriate unit opening at the WĀV, you will be contacted to determine your interest. If you are interested in the unit, your application will be reviewed by the John Stewart Management Company (JSCo) to determine basic eligibility, including household income, credit history, rental history and criminal background check. Once basic eligibility is determined, you will be offered the available unit. If you do not accept the available unit, you will remain on the Artist Waiting List until the next appropriate unit becomes available.

Thank you for your interest in becoming a member of the WĀV community.

Sincerely,

A handwritten signature in blue ink, appearing to read "Chris Velasco".

Chris Velasco  
President

|                       |
|-----------------------|
| FOR OFFICE USE ONLY:  |
| Applicant name: _____ |
| Reviewed by: _____    |
| Date: _____           |



**WAV AFFORDABLE HOUSING APARTMENTS (TCAC)**  
**One Application per Household**  
(Duplicate submissions will be considered as grounds for denial.)



**Equal Housing Opportunity:** WAV Affordable Housing Apartments units will comply with the provision of any federal, state, or local law prohibiting discrimination in housing on the basis of race, color, creed, ancestry, national origin, sex, sexual orientation, and familial status, source of income, age, disability, AIDS, or AIDS relation condition.  
TDD Telephone device for the hearing impaired (888) 877-5379 or California Relay Service.

**To the applicant:** Please fill out this form completely. All references may be checked and if any information is found to be false or incomplete, the application may be rejected. Use additional pages if more space is needed.

**Part 1. APPLICANT INFORMATION**

- Applicant: \_\_\_\_\_
- Date of birth: \_\_\_\_\_
- Social Security number: \_\_\_\_\_
- Present address and telephone number:  
Number and Street \_\_\_\_\_ Apt. # \_\_\_\_\_  
City \_\_\_\_\_ ST \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone Number \_\_\_\_\_ Cell Number \_\_\_\_\_
- Mailing address, if different: \_\_\_\_\_
- How long have you lived at your present address? \_\_\_\_\_
- What type of unit would you like? (check all you would consider)  Studio  1 Bedroom  2 Bedroom  3 Bedroom  4 Bedroom
- Do you or any member of your household have a disability that requires an accommodation? [  ] Yes [  ] No  
Type of accommodation? \_\_\_\_\_
- Other Household Members. List below all the persons who are applying to live in the unit.

|   | Name | Relationship to Applicant | Date of Birth | Age | Social Security Number |
|---|------|---------------------------|---------------|-----|------------------------|
| 2 |      |                           |               |     |                        |
| 3 |      |                           |               |     |                        |
| 4 |      |                           |               |     |                        |
| 5 |      |                           |               |     |                        |
| 6 |      |                           |               |     |                        |
| 7 |      |                           |               |     |                        |

- Do you or any members of your household have pets (including fish, birds, rodents or reptiles)? [  ] Yes [  ] No  
Type: \_\_\_\_\_

**Part 2. HOUSEHOLD INCOME, ASSETS, AND SUBSIDIES**

11. Income. List below all sources of income for all members of the household. Please check "YES" or "NO".

| YES   | NO    |                          | YES   | NO    |                                      |
|-------|-------|--------------------------|-------|-------|--------------------------------------|
| _____ | _____ | Employment               | _____ | _____ | AFDC/GA ("Welfare")                  |
| _____ | _____ | Self-Employment          | _____ | _____ | Unemployment Compensation            |
| _____ | _____ | Social Security/ SSI     | _____ | _____ | Pension/ Retirement Fund             |
| _____ | _____ | Scholarship/Student Aid  | _____ | _____ | Disability/Death Benefits            |
| _____ | _____ | Insurance Policy         | _____ | _____ | Severance Pay                        |
| _____ | _____ | Annuities                | _____ | _____ | Strike Benefits                      |
| _____ | _____ | Alimony or Child Support | _____ | _____ | Regular Contribution or Gift         |
| _____ | _____ | Award                    | _____ | _____ | (for rent, utilities, groceries, car |
| _____ | _____ | Other                    | _____ | _____ | Payment, insurance, etc.)            |

HOUSEHOLD'S TOTAL ANNUAL INCOME \$ \_\_\_\_\_

12. Assets.

- A. Check "YES" if any family member has one or more of that type of asset.
- B. Check "NO" if no family member has that type of asset.
- C. Check "DIVESTED" if any family member has disposed of that type of asset for less than fair market value within the past 24 months.

| YES   | NO    | DIVESTED |  |
|-------|-------|----------|--|
| _____ | _____ | _____    | Saving Account   |
| _____ | _____ | _____    | Checking Account   |
| _____ | _____ | _____    | Trust  |
| _____ | _____ | _____    | Real Estate, Rental Property, Rent                                 |
| _____ | _____ | _____    | Money Market Fund  |
| _____ | _____ | _____    | Stocks, Bonds, Treasury Bills, Certificate or Deposit Ira or Keogh |
| _____ | _____ | _____    | Retirement or Pension Fund   |
| _____ | _____ | _____    | Inheritance, Lottery Winnings, Insurance Settlement Due            |
| _____ | _____ | _____    | Capital Gains, Capital Investments                                 |
| _____ | _____ | _____    | Personal Property held as an investment (Gems, Autos, Art, Etc.)   |
| _____ | _____ | _____    | Other: _____   |

HOUSEHOLD'S TOTAL ASSETS: \$ \_\_\_\_\_

Have you transferred any assets in the past 2 years in excess of \$1,000 to anyone? [ ] Yes [ ] No

If yes please explain: \_\_\_\_\_

13. Subsidy. Do you have a Section 8 Certificate or other Rental Subsidy: [ ] Yes [ ] No

Type of unit: \_\_\_\_\_ Fair Market Rent \_\_\_\_\_

**Part 3. REFERENCES**

Use this space to list previous landlords for the last five years. If you have no previous landlord references, use this space to provide two other references and indicate their relationship to you. Also provide information about any prior evictions.

14. **Current Landlord** **Rental period covered:**

Name \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

Address \_\_\_\_\_ Rent paid \$ \_\_\_\_\_ / mo.

Telephone \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**Previous Landlord** **Rental period covered:**

Name \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

Address \_\_\_\_\_ Rent paid \$ \_\_\_\_\_ / mo.

Telephone \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

15. Have you or any member of your household ever been asked to leave any apartment in the past?  
 Yes  No  
 If yes, when? \_\_\_\_\_ And why? \_\_\_\_\_
16. Have you or any household member ever been convicted of a crime?  
 Yes  No If yes, explain: \_\_\_\_\_
17. Do you anticipate any changes in your household composition or income within the next twelve months?  
 Yes \_\_\_\_\_ No \_\_\_\_\_ If yes explain: \_\_\_\_\_
18. Do you or any household members own a motor vehicle that you plan to park at the property? If so, what type and model of the vehicle(s):
- | Type  | Model | Year  |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

**Part 4. STUDENT INFORMATION**

19. Are you or any member of the household (over the age of 17) currently a full-time student, or planning to be one within the next 12 months?  
 Yes  No  
 If Yes, continue with the following questions: (You will need to provide verification of all items to which you answered YES)

| YES   | NO    |  |
|-------|-------|--|
| _____ | _____ | A. Are you married and currently filing a joint tax return?  |
| _____ | _____ | B. Are you receiving AFDC/TANF (Aid to Families with Dependent Children)?  |
| _____ | _____ | C. Are you enrolled in the Job Training Partnership Act (JTPA) or another similar local, county or state program?    |
| _____ | _____ | D. Are you a single parent with children and neither you or the children are dependents on anyone else's tax return? |
| _____ | _____ | E. Have you recently exited from the Foster Care Program?  |
| _____ | _____ | F. Will you be living with someone who is not a full-time student? If so who?  |

**Part 5. ARTISTIC BACKGROUND**

Please describe: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Please attach:**

- A one page summary about why you want to live at the WAV.
- A resume of your artistic work.
- Three written letters of reference from people who know about your art experience and background.

**Part 6. EMPLOYMENT**

List current employment of all household members.

**Main Household Member:**

Employer Name: \_\_\_\_\_ Position: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

**Household Member:**

Employer Name: \_\_\_\_\_ Position: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

**Household Member:**

Employer Name: \_\_\_\_\_ Position: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

**Part 7. CERTIFICATION**

I/we certify that if selected to move into this project, the unit I/we occupy will be my/our primary residence.

I/we certify that the statements made in this application are true and complete to the best of my/our knowledge and belief.

I/we understand that false statements or information are punishable under federal law and are cause for denial of housing and will be grounds for immediate termination and cancellation of the rental agreement at the option of the landlord.

I/we understand that the above information is being collected to determine my/our eligibility for an apartment. I/we authorize the owner or his agent to verify all information provided on this application and to contact previous or current landlords, employers, or other sources for credit and verification information which may be released by appropriate federal, state, local agencies, or private persons to the owner/management.

I/we agree to allow management to perform a consumer credit check and a criminal background check on all household members over the age of 18. I/we agree to pay a credit check and criminal background-processing fee at the initial screening interview. This will be required prior to the application being processed.

I/we acknowledge receipt of the resident selection criteria for the apartments. By signing below I acknowledge I have read and understand the selection criteria and grounds for denial of housing, and find them be reasonable. I hereby certify the information provided herein is true and correct and acknowledge that the landlord shall rely upon this representation. I acknowledge that any false statements or misrepresentations shall be grounds for immediate denial of this application.

Main Applicant's Signature: \_\_\_\_\_

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

Applicant's Signature: \_\_\_\_\_

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