

APPLICATION FOR MEMBERSHIP/HOUSING WASHINGTON STUDIOS ARTIST’S COOPERATIVE



Name(s):	Office Use Only
Phone Number:	Dated Received:
Address:	Time Received:
Date Submitted:	
When do you want to move-in?	
Are you interested in <input type="checkbox"/> Eff <input type="checkbox"/> 1 Bedroom <input type="checkbox"/> 2 Bedroom or <input type="checkbox"/> 3 Bedroom	

INFORMATION FOR APPLICANTS

Thank you for your interest in Washington Studios Artist’s Cooperative. Cooperative living offers residents more control over their living environment than traditional rental housing. Everyone is welcome to apply for membership and the Cooperative and its Managers supports the spirit and follows our nation’s Fair Housing Laws in which there are no barriers to housing because of race, color, religion, sex, national origin, handicap, familial status, receipt of public assistance or sexual preference. The Cooperative is especially interested in individuals who are committed to building community and willing to give some of their time, energy, talents and expertise to the Cooperative each month. Individuals who are artists, connected with the arts or supportive of the arts will receive a priority preference over those who are not. This may allow you the opportunity to collaborate and share professional and artistic resources with other Coop Members.

Washington Studios Artist’s Cooperative was developed by Artspace Projects, Inc. a non-profit real estate developer committed to long-term stability in communities and artist empowerment. The Coop is housed in the former Washington Junior High School and shares spaces with the City of Duluth which operates a community center with gym, and classroom space open to and enjoyed by the public. Coop members will be able to use the Community Center facilities during public use hours. Former classrooms and offices were rehabbed and each home is quite unique. Most homes are much larger in size than most rentals. Some homes have great lake views and some enjoy a panoramic view of the City or Hillside. The building’s character has been preserved to a great extent retaining many historic elements such as chalkboards, built in cabinets, former “coat rooms, high ceilings and beautiful hardwood flooring. Windows were replaced but are the same size so there is plenty of natural light. There is plenty of community space for various activities and pursuits of residents; this includes communal studio and exhibition spaces for use by resident artists. A laundry room is provided with coin-operated machines.

There are several steps in the application process and these are summarized below. A specific set of policies and procedures is followed and if you would like to read the Resident Selection Plan, you may do so by contacting our Management Agent. If you are interested in making application after reading these introductory comments, and the important information below, please proceed with step 1.

1. Written application. Complete by answering every question and submit your application to our Washington Studios Artist's Cooperative, 315 North Lake Avenue, #420, Duluth, MN 55806. Upon receipt, a member of the Board or Selection Committee will phone you.

2. Preliminary screening for eligibility. Done by the Management Agent based on the information in your written application.
3. Selection Committee Interview for Artistic preference and Cooperative Living.
4. Final screening for eligibility – includes verification of income and assets, criminal background check,
rental background check and review of credit.
5. Final certification of eligibility and compliance.

Management Agent is Bowman Properties. Phone 218-722-3131; Fax 218-733-5750; TDD 7-1-1 Address: 231 East Superior Street, Suite 206, Duluth, MN 55802. If you need assistance in completing this application or have questions, please feel free to contact the management office. However, the management office will not be able to tell you when your meeting with the Selection Committee will occur.

Housing Program. Washington Studios Cooperative was made possible with financing under the Housing Tax Credit Program. Members must meet eligibility guidelines specified by the IRS. Due to this, you may see that you are required to offer more detailed information that you have for previous housing experiences. **Answer every question unless noted as optional. Incomplete applications cannot be processed so submission of an incomplete application will cause a delay. If the application form does not allow you enough room, you may attach an additional sheet.** Any applicant who purposefully falsifies, misrepresents or withholds any information related to program eligibility or submits inaccurate and/or incomplete information on this application or during intake cannot be considered. If submission of false information becomes known after the application is approved and housing is provided, it may result in termination. All information you provide and authorize to be provided on your behalf will be kept confidential released only as necessary related to your eligibility.

You will note the application has several sections. Pages 3 and 4 provide information about the household, page 5 is about your housing history; pages 6 and 7 relate to income, pages 8 and 9 relate to assets, page 10 relates to artistic involvement and community living.

Income Guidelines are imposed by the federal government. All residents must conform to them at the time of move-in. The applicable guidelines are at or below 60% of Area Median Income adjusted for family size. current income guidelines are attached.

Rate Limitations are also imposed by the federal government. You will find the rate you pay will be less than traditional housing but the Coop does not offer project based rental assistance. Tenant based rental assistance (Section 8) can be used if the payment standard works. The monthly rate includes everything except for electricity, phone and off-street parking. Current rates are attached.

Student Status. Part-Time students are eligible. A household in which all Members are Full-Time

Students (including children) is not eligible unless the household meets one of 5 conditions. If everyone in your family is a student, please ask for a Fact Sheet about student eligibility in the housing program.

Background Check. As part of the processing, each adult will be asked to authorize a check into their credit, housing and criminal background. There is an application fee which is the amount charged by the bureau used by Washington Studios Artist’s Cooperative to process the background check. The current fee is \$24.50 per adult. A check or money order for this fee should be submitted with your application.

Contacting You. We will use the phone number you provide above. If this number changes, please contact the Management Agent. If we are unable to contact you, your application will be removed from the application pool.

STATISTICAL DATA – YOU ARE NOT REQUIRED TO COMPLETE THIS SECTION. *Your voluntary response is requested. Your answer does not affect your eligibility for housing, the housing selection process or your placement on the waiting list, if any. Check all that apply.*

Race-Head of Household White Black Asian/Pacific Islander American Indian/Native American
 Ethnicity of Head of Household Hispanic Non-Hispanic

HOUSEHOLD List everyone who will live in the home; if unborn child, list Unborn and Due Date

Name			Relationship	Date of Birth	Age	Sex	Social Security Number
First	Middle	Last					
			HEAD				

PHONE #:

STUDENT STATUS Is anyone now a student or has anyone been a student in the last 12 months (does not include Preschool or Headstart)? Yes No

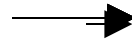
If yes, complete section below – you will provide detail about financial aid under the income section.

Name	Where does he/she attend School?	Is he/she a Full-time or Part-time Student	Does he/she get financial aid, grants or scholarships?	Does he/she have student loans?	Does someone other than the student pay the tuition? If yes, Who?
		<input type="checkbox"/> FT <input type="checkbox"/> PT	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ <input type="checkbox"/> No
		<input type="checkbox"/> FT <input type="checkbox"/> PT	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ <input type="checkbox"/> No

		<input type="checkbox"/> FT <input type="checkbox"/> PT	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ <input type="checkbox"/> No
		<input type="checkbox"/> FT <input type="checkbox"/> PT	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ <input type="checkbox"/> No
		<input type="checkbox"/> FT <input type="checkbox"/> PT	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ <input type="checkbox"/> No

OTHER INFORMATION ABOUT THE HOUSEHOLD – Answer every question:

Do you qualify for housing because Head of Household or Spouse has a handicap or disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>No detail or information needed.</i>
Do you need a unit that is accessible or equipped for vision or hearing impairments?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, check need(s)	<input type="checkbox"/> Accessible <input type="checkbox"/> Hearing <input type="checkbox"/> Vision
Do all adults have the legal right to enter into a Lease Agreement?	<input type="checkbox"/> Yes <input type="checkbox"/> No If No, Explain →	
Do you have sole legal and physical custody of your children, if any?	<input type="checkbox"/> Yes <input type="checkbox"/> No If No, Explain →	
Are all household members United States Citizens? If no, under explanation, indicate if the person who is not a Citizen has eligible alien status or is a Non-Citizen Student.	<input type="checkbox"/> Yes <input type="checkbox"/> No If No, Explain →	



Will anyone (including children) live in the household on less than full-time basis?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Explain	
Is any household member listed above separated but <u>not</u> divorced from spouse?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Who	
Has any household member ever used a different name or social security number?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Who	
Is there someone who is temporarily absent from the household?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Who	
Is there someone who is permanently absent from the household?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Who	
Will anyone be leaving or joining the household in the next 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Who	
Has anyone been evicted from housing or had a mortgage foreclosure?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Explain	
Has anyone been evicted from housing or had a mortgage foreclosure or filed for bankruptcy?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Explain	
Has any household member been convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Explain	
Is any household member a registered sex offender?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Explain	
Does any household member currently used an illegal drug or controlled substance?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Explain	
Do you have a pet or pets?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, #-type-weight	

OTHER INFORMATION

Head of Household Driver's License # and State that issued:		
Vehicle #1	Make and Color	
	License Plate #	
Vehicle #2	Make and Color	
	License Plate #	



Emergency Contact	Name	
	Relationship	
	Address	
	Phone #	

HOUSING HISTORY

Have you or any other member of your family lived in a State other than Minnesota in the last 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Explain	
Do you currently receive government rent assistance or have you in the past?	<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Where	
Do you have a Housing Choice Voucher?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Worker	
Are you on the waiting list for a Housing Choice Voucher?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

CURRENT HOUSING (A minimum 3 year history is required)

Address:		
City:	State:	Zip Code:
How long have you lived here? From _____ Month/Year to _____ Month/Year		
Do you <input type="checkbox"/> Rent <input type="checkbox"/> Own	If rent, monthly Rent \$ _____	If own, monthly Mortgage \$ _____
Name of Landlord or Bank:		
Address of Landlord or Bank:		
Telephone of Landlord or Bank:		

PREVIOUS HOUSING

Address:		
City:	State:	Zip Code:

How long have you lived here? From _____ Month/Year to _____ Month/Year		
Do you <input type="checkbox"/> Rent <input type="checkbox"/> Own	If rent, monthly Rent \$ _____	If own, monthly Mortgage \$ _____
Name of Landlord or Bank:		
Address of Landlord or Bank:		
Telephone of Landlord or Bank:		

PREVIOUS HOUSING

Address:		
City:	State:	Zip Code:
How long have you lived here? From _____ Month/Year to _____ Month/Year		
Do you <input type="checkbox"/> Rent <input type="checkbox"/> Own	If rent, monthly Rent \$ _____	If own, monthly Mortgage \$ _____
Name of Landlord or Bank:		
Address of Landlord or Bank:		
Telephone of Landlord or Bank:		

INFORMATION ABOUT YOUR INCOME

*Answer each question below for everyone in your household (including family members temporarily absent). List income you **RECEIVE NOW OR EXPECT IN THE NEXT 12 MONTHS**. Include all full-time, part-time and seasonal sources. As part of the eligibility determination, information may need to be verified by a third party source.*

Does any adult member have No Income? Yes No If Yes, Who? _____

Is any household member employed? Yes No If yes, complete the following

Name	
Employer	
Position	
How long have you worked here?	
Do you receive a salary? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, monthly amount	
Are you paid hourly? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, hour rate and hours per week	
Do you receive overtime, commissions, tips or	

bonuses? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, average \$ amount per month	
Name	
Employer	
Position	
How long have you worked here?	
Do you receive a salary? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, monthly amount	
Are you paid hourly? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, hour rate and hours per week	
Do you receive overtime, commissions, tips or bonuses? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, average \$ amount per month	
Name	
Employer	
Position	
How long have you worked here?	
Do you receive a salary? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, monthly amount	
Are you paid hourly? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, hour rate and hours per week	
Do you receive overtime, commissions, tips or bonuses? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, average \$ amount per month	

Does anyone in your household receive any of the following? If yes, answer all the questions:

Type		Who?(Name)	Source?	Monthly Amount
Self-Employment	<input type="checkbox"/> Yes <input type="checkbox"/> No			\$
Work paid for in cash	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Regular or special armed forces pay	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Public Assistance (MFIP, GA, Food Stamps, MA etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list Worker			
Worker's compensation	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Unemployment benefits or severance pay	<input type="checkbox"/> Yes <input type="checkbox"/> No			

Child Support *****	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Alimony or spousal support	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Educational grants, scholarships or VA student benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Student loans	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Social security payments	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach current award letter			
SSI or RSDI	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach current award letter			
Other type of disability payment	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Pensions (PERA, railroad, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Retirement benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Death benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Annuities or life insurance dividends	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Lump sum payments (include inheritance, insurance settlement, lottery winnings, capital gains)	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Net income from real property	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Regular cash or noncash contributions from someone not living in the household	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Help with household or other living expenses not including groceries	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Other – List:	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Other - List:	<input type="checkbox"/> Yes <input type="checkbox"/> No			

***** IF YOU ANSWERED NO TO CHILD SUPPORT and
YOU ARE SINGLE PARENT WITH A CHILD LIVING WITH YOU-----

Is there a court order for child Support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, Monthly Amount	\$
If yes, have you taken reasonable collection action?	<input type="checkbox"/> Yes <input type="checkbox"/> No Explain:

INFORMATION ABOUT YOUR ASSETS

Answer each question below for everyone in your household (including family members temporarily absent).
As part of the eligibility determination, all information may need to be verified by a third party source.

Banking – Checking. Does anyone have a checking account? Yes No If yes, complete:

Name	Bank	Account #	Joint Account?	Average 6 mo Balance	Interest Rate
			<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	

Banking – Savings. Does anyone have a savings account? Yes No If yes, complete:

Name	Bank	Account #	Joint Account?	Current Balance	Interest Rate
			<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	

Other Assets. Does anyone have any of the following? If yes, answer all the questions:

Type		Who?(Name)	Where?	Current Balance	Interest Rate
Cash	<input type="checkbox"/> Yes <input type="checkbox"/> No			\$	
Certificates of Deposit	<input type="checkbox"/> Yes <input type="checkbox"/> No			\$	
Treasury Bills	<input type="checkbox"/> Yes <input type="checkbox"/> No			\$	
Money Market Funds	<input type="checkbox"/> Yes <input type="checkbox"/> No			\$	
Stocks	<input type="checkbox"/> Yes <input type="checkbox"/> No			\$	
Savings Bonds	<input type="checkbox"/> Yes <input type="checkbox"/> No			\$	
Other Bonds	<input type="checkbox"/> Yes <input type="checkbox"/> No			\$	
Securities	<input type="checkbox"/> Yes <input type="checkbox"/> No			\$	
Capital Investments	<input type="checkbox"/> Yes <input type="checkbox"/> No			\$	
Trust Accounts	<input type="checkbox"/> Yes <input type="checkbox"/> No			\$	
401K	<input type="checkbox"/> Yes <input type="checkbox"/> No			\$	
IRA or Keogh	<input type="checkbox"/> Yes <input type="checkbox"/> No			\$	
Pension Funds	<input type="checkbox"/> Yes <input type="checkbox"/> No			\$	
Other Retirement	<input type="checkbox"/> Yes <input type="checkbox"/> No			\$	
Annuity Accounts	<input type="checkbox"/> Yes <input type="checkbox"/> No			\$	
Whole Life Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No			\$	

Inheritance	<input type="checkbox"/> Yes <input type="checkbox"/> No			\$	
Lottery Winnings	<input type="checkbox"/> Yes <input type="checkbox"/> No			\$	
Capital Gains	<input type="checkbox"/> Yes <input type="checkbox"/> No			\$	
Other Lump Sums	<input type="checkbox"/> Yes <input type="checkbox"/> No			\$	
Other List	<input type="checkbox"/> Yes <input type="checkbox"/> No			\$	

Are any of the above joint accounts? Yes No If yes, list _____

Additional Asset Questions:

Do you hold a contract for deed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what is the annual interest payment you receive?
Do you own any real estate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, What do you own, what is current value and do you have a loan against the real estate? Attach a copy of current year property tax statement.
Do you hold collections for investment purposes (for example a coin collection, gems, stamps, antique cars – anything you hope will increase in value that you can sell)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, What do you own and what is the current value?
Have you received a lump sum payment in the last 2 years (for example, an insurance settlement, inheritance, lottery winnings, etc)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, give detailing including date received, who you received it from, the amount received and where the money is now.
Do you have a Safety Deposit Box?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Where is it and what is stored in the box?
Have you sold or disposed of assets	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what was it, who did you give or sell it to,

for less than Fair Market Value in the last 2 years?		what was it worth and what did you get?
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ARTISTIC / COOPERATIVE QUESTIONS:

WHAT IS YOUR ART FORM OR CONNECTION WITH THE ARTS OR HOW DO YOU SUPPORT THE ARTS?

HOW WOULD YOU CHARACTERIZE YOUR LEVEL OF INVOLVEMENT?
(i.e. professional, actively producing, student, arts industry worker)

HOW DO YOU ENVISION THIS COOPERATIVE WILL IMPACT YOU AND/OR YOUR FAMILY AND YOUR ABILITY TO PURSUE YOUR WORK OR ARTS CONNECTION?

WHAT IS YOUR UNDERSTANDING, EXPERIENCE AND/OR EXPECTATION OF ARTIST LEASEHOLD COOPERATIVE?

CERTIFICATION AND SIGNATURES

I/We understand the information in this application will be used to determine eligibility for housing and that this information may be verified. I/We understand that any false information, misrepresented information, incomplete information, inaccurate information or withheld information may make me/us ineligible for housing.

I/We certify that all information given in this application is true, complete and accurate. I/We understand that if any of this information is false, misleading or incomplete, management may decline this application or, if move-in has occurred terminate the Lease Agreement.

I/We authorize management to make any and all inquiries to investigate statements and verify all information, including income, assets and income from assets, directly with the source or through information exchanged now or later with rental, criminal and credit screening services. I/We also authorize management to contact previous and current landlords and complete verifications which may be released to appropriate Federal, state or local agencies.

If my/our application is approved and move-in occurs, I/we certify that only those persons listed on this application will occupy the unit, that it will my/our only place of residence, and that there are no other persons for

whom I/We have, or expect to have, responsibility to provide housing.
I/we agree to notify management, in writing, regarding any changes in household address, telephone, household composition, and/or income that occur prior to this application being approved.
WARNING: SECTION 1001 OF TITLE 18 OF THE UNITED STATES CODE MAKE IT A CRIMINAL OFFENSE TO MAKE WILLFUL FALSE STATEMENTS OR MISREPRESENTATION OF ANY MATERIAL FACT INVOLVED IN THE USE OF OR OBTAINING FEDERAL FUNDS

All household members age 18 or older sign

Signature	Date
Signature	Date
Signature	Date
Signature	Date
Signature	Date
Signature	Date

APPLICATION ASSISTANCE (If assistance was provided):

This applicant/resident required assistance in completing the application because	Assistance was provided by Name: Date:
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APPLICATION UPDATE (If the date above is > than 120 days from date of eligibility certification)

<input type="checkbox"/> I/We have reviewed this application and certify that all information remains true, correct and complete	<input type="checkbox"/> I/We reviewed this application and certify that all information remains true, correct and complete EXCEPT FOR THE FOLLOWING
Signature	Date
Signature	Date
Signature	Date
Signature	Date
Signature	Date
Signature	Date

**INCOME GUIDELINES – TAX CREDIT PROGRAM
EFFECTIVE AS OF 5-1-09**

Maximum income guidelines are imposed by the federal government. Artspace and the Cooperative have the legal responsibility to insure that all Members conform to them at the time of move-in. After the first year, your income may increase without requiring your household to move. Minimum income guidelines are in accordance with the Selection Plan and designed so that no household pays more than 50% of gross income for housing. An exception is made if the applicant has previously demonstrated the ability to utilize more than 50% of their resources on housing in either rental or ownership.

Household Size	Maximum Income	Unit Size	Minimum Income
1	\$ 25,140	Eff (0 BR)	\$ 14,520
2	\$ 28,740	1 BR	\$ 15,888 *
3	\$ 32,340	2 BR	\$ 18,864 *
4	\$ 35,940	3 BR	\$ 21,792
5	\$ 38,820		
6	\$ 41,700		

**MONTHLY HOUSING CHARGE
EFFECTIVE AS OF 2-1-09**

This amount includes all utilities with the exception of phone and electricity. Reserved parking is available for the extra fee of \$10/month.

Unit Type	Size (Range)	Monthly Charge
Efficiency (0 Br)	770-1050 Square Feet	\$594
One Bedroom	887-1336 Square Feet	\$642 *
Two Bedroom	1253-1900 Square Feet	\$762 *
Three Bedroom	1710-2234 Square Feet	\$882

*2 homes received additional financing through the federal HOME program; the monthly charge for these two spaces is determined by a HUD (U.S. Department of Housing and Urban Development) formula. For these homes, the minimum income and monthly charges are as follows:

1 Bedroom	\$512/month	\$12,672 Annual Income
2 Bedroom	\$612/month	\$15,984 Annual Income