

SheilaLynnK Art Studio
 345 South Main Street Wellsville NY 14895 [Ph: 585-593-4161]

ROOMMATE RENTAL APPLICATION

Full Name: _____ SSN: _____
 (Proof of ID must be presented with your application.) DL# _____

Email: _____ Phone: _____

Residential History

Address	Dates of Residence	Why did you leave?

Employment History

Employer	Dates of Employment	Monthly Income from this Source

Income History

Source of Income	Start Date	Monthly Income from this source

***Attach proof of your reliable income
 (i.e. pay stubs, award letter, benefit verification letter, etc.)***

REFERENCES (Please provide three local references.)

Name	Address	Current Phone #	Relationship to you

I would like to be considered for the SheilaLynnK Art Studio \$35 accommodations stipend to support women artists. (Circle One) Yes / No (Artist Stipend applicants must attach CV/Resume.)
Your signature below indicates that you understand this award is granted ONLY to a woman artist approved for residence at SheilaLynnK Art Studio and that it is received in the form of a reduction in rent payment and you will receive no additional payment as a recipient of this award.

Your signature below indicates that you understand this rental application is for a room fit for single occupancy only and that you authorize SheilaLynnK Art Studio to contact the above references pertaining to your income, residential, and employment history. This authorization expires thirty days after the date signed.

 (Signature)

 (Date)