

# 13 | Application Questions

We acknowledge the sensitive nature of demographic data and how it has been used historically to harm oppressed populations. Responses will be treated strictly confidentially. For the purposes of our selection process, this application asks questions pertaining only to eligibility and to account for those who experience barriers to financial security, which include people who hold the following identities or community conditions (in no particular order):

- Black, Indigenous, and People of Color
- Deaf/Disabled
- LGBTQIAP+ (Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersex, Asexual/Aromantic, Pansexual+)
- Immigrants
- Caregivers
- Criminal Justice System Involvement
- Lack of Financial Safety Net
- Rural

To learn more about the Guaranteed Income for Artists Program, visit:

[www.creativesrebuildny.org/apply/guaranteed-income](http://www.creativesrebuildny.org/apply/guaranteed-income)

This application takes approximately 15 minutes to complete. CRNY aims to make this application as accessible and simple as possible.

If you need any assistance, please call our Help Desk at 855-929-3863 (live assistance available Monday-Friday from 10:00 AM to 4:00 PM Eastern) or email [HelpDesk@creativesrebuildny.org](mailto:HelpDesk@creativesrebuildny.org).

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## Step 1: Confirm your eligibility to apply for this program

*\* Eligibility does not guarantee that will you be selected for this program. If selected, the responses you provide in this section will be verified prior to entry into the program.*

1. Are you 18 years or older as of January 1, 2022? [Select one]
  - Yes [1.1] (Eligible)
  - No [1.2] (Ineligible)
2. Is your primary residence currently in New York State? [Select one]
  - Yes [2.1] (Eligible)
  - No [2.2] (Ineligible)
3. Do you identify as an artist, culture bearer, or culture maker? [Select one]
  - Yes [3.1] (Eligible)
  - No [3.2] (Ineligible)

4. Do you have financial need (as determined by the Self-Sufficiency Standard)?
- \*Before responding, we encourage you to make sure you've used the calculator according to the instructions below. If selected, we will verify this information before official entry into the program.*
- [Click here to use the Self-Sufficiency Standard Calculator](#)
  - Input New York State, your County, and household/family type into the calculator.
  - Compare the Annual Total at the bottom of the calculator (the second to last line) to your total household/family income for 2021.
- Does your total household/family income for 2021 fall below the Annual Total listed at the bottom of the calculator? [Required, select one]
- Yes [4.1] (Eligible)
  - No [4.2] (Ineligible)
5. Are you a staff member or related to a staff member (e.g., an immediate family member) of Tides or Creatives Rebuild New York? [Select one]
- Yes [5.1] (Ineligible)
  - No [5.2] (Eligible)
6. I am aware that by applying for Guaranteed Income, I am not permitted to submit an application to the Artist Employment Program.
- Check box

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## Step 2: General Information

### Contact Information

7. Legal First Name
8. Legal Last Name
9. Public/Preferred/True Name
10. Email Address [Please provide a valid email address for sending communications related to your application]
11. Phone Number
- Cell or landline [11.1]
  - If Cell, can we contact you by text message? [11.2]
  - Yes [11.2.1]
  - No [11.2.2]
12. Pronouns

### Geography

13. Street Address or Intersection
14. City
15. Zip Code [Must be in 5-digit format]

16. County [Note that the City of New York is made up of five boroughs and each borough is a different county of New York State. Brooklyn is Kings County, the Bronx is Bronx County, Manhattan is New York County, Staten Island is Richmond County, and Queens is Queens County.]

- Albany County [16.1]
- Allegany County [16.2]
- Bronx County [16.3]
- Broome County [16.4]
- Cattaraugus County [16.5]
- Cayuga County [16.6]
- Chautauqua County [16.7]
- Chemung County [16.8]
- Chenango County [16.9]
- Clinton County [16.10]
- Columbia County [16.11]
- Cortland County [16.12]
- Delaware County [16.13]
- Dutchess County [16.14]
- Erie County [16.15]
- Essex County [16.16]
- Franklin County [16.17]
- Fulton County [16.18]
- Genesee County [16.19]
- Greene County [16.20]
- Hamilton County [16.21]
- Herkimer County [16.22]
- Jefferson County [16.23]
- Kings County (Brooklyn) [16.24]
- Lewis County [16.25]
- Livingston County [16.26]
- Madison County [16.27]
- Monroe County [16.28]
- Montgomery County [16.29]
- Nassau County [16.30]
- New York County (Manhattan) [16.31]
- Niagara County [16.32]
- Oneida County [16.33]
- Onondaga County [16.34]
- Ontario County [16.35]
- Orange County [16.36]
- Orleans County [16.37]
- Oswego County [16.38]

- Otsego County [16.39]
- Putnam County [16.40]
- Queens County [16.41]
- Rensselaer County [16.42]
- Richmond County (Staten Island) [16.43]
- Rockland County [16.44]
- St. Lawrence County [16.45]
- Saratoga County [16.46]
- Schenectady County [16.47]
- Schoharie County [16.48]
- Schuyler County [16.49]
- Seneca County [16.50]
- Steuben County [16.51]
- Suffolk County [16.52]
- Sullivan County [16.53]
- Tioga County [16.54]
- Tompkins County [16.55]
- Ulster County [16.56]
- Warren County [16.57]
- Washington County [16.58]
- Wayne County [16.59]
- Westchester County [16.60]
- Wyoming County [16.61]
- Yates County [16.62]

17. Region [Select one]

- Capital Region [17.1]
- Central New York [17.2]
- Finger Lakes [17.3]
- Long Island [17.4]
- Mid-Hudson [17.5]
- Mohawk Valley [17.6]
- New York City [17.7]
- North Country [17.8]
- Southern Tier [17.9]
- Western New York [17.10]

18. How would you describe the community in which you live? [Select one]

- Urban [18.1]
- Suburban [18.2]
- Rural [18.3]
- Tribal [18.4]

## Demographic Information

19. Please enter your Date of Birth. [Must be in MM/DD/YYYY format]

20. Which of the following best describes you? [Select all that apply]

- ☐ Arab or Middle Eastern [20.1]
- ☐ Asian [20.2]
- ☐ Black or African American [20.3]
- ☐ Hispanic or Latinx [20.4]
- ☐ Indigenous American, First Nation, or Alaska Native [20.5]
- ☐ Pacific Islander or Native Hawaiian [20.6]
- ☐ White [20.7]
- ☐ Other: please specify [20.8]
- ☐ I prefer not to answer [20.9]

21. Do you identify as an immigrant to the U.S.? [Select one]

- ☐ Yes [21.1]
- ☐ No [21.2]
- ☐ I prefer not to answer [21.3]

22. What is your primary spoken language? [Select one]

- ☐ English [22.1]
- ☐ Spanish [22.2]
- ☐ Mandarin or Cantonese [22.3]
- ☐ Russian [22.4]
- ☐ Yiddish [22.5]
- ☐ Bengali [22.6]
- ☐ Korean [22.7]
- ☐ Haitian Creole [22.8]
- ☐ Italian [22.9]
- ☐ Arabic [22.10]
- ☐ Polish [22.11]
- ☐ Other: Please specify [22.12]
- ☐ I prefer not to answer [22.13]

23. What is your gender identity? [Select all that apply]

- ☐ Man [23.1]
- ☐ Woman [23.2]
- ☐ Non-binary [23.3]
- ☐ Two-spirit [23.4]
- ☐ Other: please specify [23.5]
- ☐ I prefer not to answer [23.6]

24. Do you identify as transgender? [Select one]

- ☐ Yes [24.1]
- ☐ No [24.2]

- I prefer not to answer [24.3]
25. Do you identify as LGBTQIAP+ (Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersex, Asexual/Aromantic, Pansexual+)? [Select one]
- Yes [25.1]
  - No [25.2]
  - I prefer not to answer [25.3]
26. Do you identify as Deaf or disabled? [Select one]
- Yes [26.1]
  - No [26.2]
  - I prefer not to answer [26.3]

#### Household and Community Conditions

27. Do you regularly provide care—either on your own or with someone else—to any of the following people? [Select all that apply]
- Yes, a child or children [27.1]
  - Yes, a spouse or partner who is elderly, ill, or disabled [27.2]
  - Yes, an adult/adults who is/are elderly, ill, or disabled [27.3]
  - Yes, someone else [27.4]
  - No [27.5]
  - I prefer not to answer [27.6]
28. Do you have any past criminal legal system involvement? [Select one]
- Yes [28.1]
  - No [28.2]
  - I prefer not to answer [28.3]

If yes: Has your past criminal legal system involvement impacted your ability to find employment? [Select one] [28.1.1]

- Yes [28.1.2]
  - No [28.1.3]
  - I prefer not to answer [28.1.4]
29. Please check all that apply regarding your financial safety net: [Select all that apply]
- I am unsure when I will make any income again [29.1]
  - I have no financial safety net (savings, assets, family resources) [29.2]
  - I am vulnerable to a medical emergency [29.3]
  - I have unmanageable debt (financial obligations not paid in full each month like credit cards, personal loans, payday loans or short-term debt, student loan debt, housing debt, automobile loan, other) [29.4]
  - None of the above [29.5]

## Artistic Practice

30. (I, II, III) Please rank up to three disciplines that best reflect your practice as an artist, culture bearer, or culture maker: [Detailed description of each can be found in the FAQs.]

- ☐ Craft [30.1]
- ☐ Dance [30.2]
- ☐ Design [30.3]
- ☐ Film [30.4]
- ☐ Literary Arts [30.5]
- ☐ Media Arts [30.6]
- ☐ Music [30.7]
- ☐ Oral Traditions [30.8]
- ☐ Social Practice [30.9]
- ☐ Theater [30.10]
- ☐ Performance Art [30.11]
- ☐ Traditional Arts [30.12]
- ☐ Visual Arts [30.13]
- ☐ Interdisciplinary Arts [30.14]

31. How do you approach your practice as an artist, culture bearer, or culture maker? Select all that apply:

- ☐ I work as a solo artist. [31.1]
- ☐ I collaborate regularly with other artists. [31.2]
- ☐ I collaborate regularly with other non-arts practitioners. [31.3]
- ☐ My practice requires public or community involvement to have meaning. [31.4]
- ☐ Performing, presenting, or exhibiting to an audience or viewers is core to my practice. [31.5]
- ☐ Teaching or educating others is core to my practice. [31.6]

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## Step 3: Support and Submit

### Supporting you in this process

Taking part in the Creatives Rebuild New York Guaranteed Income Program might impact city, state, or federal benefits you currently receive. If you currently receive public benefits and are selected, you will have access to a benefits counselor to assist in your decision to accept or decline the guaranteed income.

32. I am currently enrolled and receive public benefits from city, state, or federal government.  
[Select one]

- ☐ Yes [32.1]
- ☐ No [32.2]

If Yes: To the best of your knowledge, in which of the following are you currently enrolled? [Select all that apply] [32.1.1]

- Childcare Subsidy (CCDF) [32.1.2]
- Head Start/Early Head Start [32.1.3]
- Supplemental Nutrition Assistance Program (SNAP) [32.1.4]
- Women, Infants, and Children Nutrition Program (WIC) [32.1.5]
- Section 8 Housing Voucher [32.1.6]
- Health Insurance Marketplace Subsidies [32.1.7]
- Medicaid for Adults and Child Health Plus [32.1.8]
- Earned Income Tax Credit (EITC) [32.1.9]
- Child Tax Credit (CTC) [32.1.10]
- Federal Child and Dependent Care Tax Credit (CDCTC) [32.1.11]
- Temporary Cash Assistance (TANF) [32.1.12]
- Supplemental Security Income (SSI) [32.1.13]
- Social Security Disability Insurance (SSDI) [32.1.14]
- Other (please specify): [32.1.15]

33. If selected, do you consent to CRNY sharing your responses with our Benefits Counseling Partners and being contacted by them to initiate benefits counseling? [Select one]

- Yes [33.1]
- No [33.2]

If selected, you will need to provide documentation to demonstrate your eligibility as well as to enroll in the payment platform. In addition, please respond to the following:

34. If selected, I will be able to provide: [Select one]

- My Social Security Number (SSN) [34.1]
- My Individual Taxpayer Identification Number (ITIN) [34.2]
- Neither [34.3]

*\*Your documentation status does not affect your ability to be selected for this program*

35. In case we have trouble reaching you, please provide the names and contact info (email/phone) of up to 2 people who live outside your household who would be able to get us in touch:

- Contact Person 1: Name [35.1]
- Contact Person 1: Email [35.1.2]
- Contact Person 1: Phone [35.1.3]
- Contact Person 2: Name [35.2]
- Contact Person 2: Email [35.2.2]
- Contact Person 2: Phone [35.2.3]

36. I affirm and certify that all the information and answers to questions are complete, true, and correct, to the best of my knowledge and belief.

- Checkbox



Thank you for applying! We appreciate the time you took to apply for our Guaranteed Income for Artists Program. You will be notified of your status by April 15, 2022. If you know other artists in New York State who might need this resource, please encourage them to apply.