



**MEDIA  
CENTER**

THE COMMUNITY MEDIA FACILITY OF  
BRIC ARTS | MEDIA | BKLYN

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[www.briconline.org/bcat](http://www.briconline.org/bcat)

# PROOF OF RESIDENCY FORM

This form is to be completed at the BCAT Media Center by an Applicant wishing to use the BCAT Media Center facilities, but does not have utility statements in their name as required to demonstrate Brooklyn residency. The Applicant's Sponsor, whose name appears on utility statements, must be present to validate sponsorship.

## TO BE COMPLETED BY BCAT MEDIA CENTER APPLICANT

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

*I certify that the information on this form is accurate. I understand that inaccuracy of provided information can result in, among other things, the forfeiture of my BCAT Media Center Certification and/or suspension of my right to use BCAT Media Center's equipment and facilities.*

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

## TO BE COMPLETED BY APPLICANT'S SPONSOR

SPONSOR'S NAME: \_\_\_\_\_

SPONSOR'S ADDRESS: \_\_\_\_\_

BROOKLYN, NY ZIP CODE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

RELATION TO APPLICANT: Spouse Parent Guardian Sibling Landlord Other (Please specify: \_\_\_\_\_)

*By signing this form, I affirm that the above-named Applicant resides in my household or on my property in Brooklyn, NY and holds no utilities in his or her name.*

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

### FOR BCAT MEDIA CENTER STAFF USE ONLY:

Applicant's Photo ID: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Sponsor's Photo ID: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Sponsor's Proof of Residency: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE: THIS FORM MUST BE COMPLETED AND SIGNED BEFORE A BCAT MEDIA CENTER STAFF MEMBER BY BOTH PARTIES INVOLVED.**