

UNIVERSITY COOPERATIVE HOUSING ASSOCIATION (UCHA CO-OP)

APPLICATION FORM – 500 Landfair avenue, Los Angeles, CA 90024

Website: www.uchaonline.com Fax # 310 824 0112 Tel# 310 208 8242

The UCHA co-op is a non-profit organization that offers low cost housing to students from UCLA and other colleges. What is unique about the co-op is that most of its day-to-day chores and activities are conducted by the student members (i.e. residents) themselves that live here. Members are responsible for the efficiency of the organization, which includes part-taking in decision making, problem solving and general operational activities. As such, we depend on the cooperative contribution and conduct of members and welcome those that appreciate this principle, and are willing to contribute towards its successful operation. This application must be forwarded with a **\$35.00** (U.S.) application fee (**non-refundable**). Payment of the **\$1,000.00** (**refundable**) deposit will only be accepted at check-in. Payment of the deposit is not a requirement for approval and is **not** a guarantee of admission. A decision regarding your application will be made thereafter (approx. time: 2-4 weeks). Applicants **may not** at anytime assume that admission has been granted until in receipt of **official confirmation** from UCHA **in writing**. On receipt of an offer of admission a space may be **reserved** thereafter, by payment of the **\$500.00** (**non-refundable**) Reservation fee, which will be credited towards the 1st room & board payment (Applicants are requested **not** to send the **\$500.00** until invited to do so by UCHA). All other payments i.e. **\$150.00** membership fee (**non-refundable**) and any pro-rated room/board (see the reverse for details), will be receipted only after a space is offered, and the offer of admission is accepted. Housing is per quarter, and residents are responsible for the entire quarter's room and board (i.e. Rent) fees regardless of the actual days spent at UCHA in a quarter, but pay in monthly installments due on the **first** day (of each month). At the Co-op, members compete for their choice of rooms based on **seniority**. As such, new members should expect to be in a Triple room (at least the first quarter of their residence at UCHA) until sufficient seniority is earned. All payments must be made by: Cash, Visa, Master card, Money order or Traveler's checks (Please make all Money orders or Traveler's checks payable to "UCHA."). **We do not accept American Express, the Discover card, or personal checks.**

EXPRESS FEE: Applicants wishing to have an early response to their applications may request so by payment of a **\$20.00** (**non-refundable**) express fee along with the \$35.00 application fee. (UCHA reserves the right to decline an Express fee request and such requests, will only be accepted from applicants moving in within four months of the date of submission of the application). On receipt of this request, UCHA will post or E-mail a response on the status of an application within **3** business days.

We welcome and encourage you to visit the co-op and take part in an official tour. For tour times call-**310 208 8242**

Thank you and we look forward to having you stay with us here at the UCHA co-op.

Quarter applying for (Circle one): Fall _____, Winter _____, Spring _____, Summer _____.

(The UCHA Co-op quarter and all check-in/out dates are based around the UCLA undergraduate calendar – Students applying to UCHA, including those attending schools with different start/end dates, should be and are assumed to be prepared to observe this schedule).

Mr. _____ Ms. _____, Family (Last) Name _____ First Name _____

Date of Birth _____ Country/State of Birth _____ Citizenship _____

Mailing Address: _____

Street _____ City _____ State/Zip code _____

Contact phone: Home _____ Work _____ E- Mail _____ Fax _____

Social Security/Passport # _____ Country _____ Driver's License # _____

State/Country _____

When would you like to move in? Date ____ Month ____ Year ____ Are you a Full-Time student? Yes ____ No ____.

College you will attend while at the Co-op: (Circle one) UCLA Undergraduate UCLA Graduate UCLA Staff EAP

SMC UCLA Extension ALC Other (Specify) _____.

(PLEASE NOTE, YOU NEED TO BE A **FULL-TIME** STUDENT THE QUARTER OF RESIDENCE AT THE UCHA CO-OP.).

PARENT'S NAME: MOTHER _____ FATHER _____

ADDRESS: _____

Street _____ City _____ State/Zip code _____

CONTACT PHONE: Home _____ Work _____

Contractual Obligations: All members are required to perform a chore obligation of four/five hours per week. Also, members are required to perform an additional four hours per quarter in fulfillment of their Quarter Project Hours (QPH).
References: Please list the names of two previous landlords in whose apartments you have lived within the last 3 years.

Name _____ Phone _____ Month/Year till Month/year _____
1 _____ (Do not list relatives)
2 _____ (Do not list relatives)

EMERGENCY CONTACT

Name(s) _____ Relationship: _____
Address: _____
Street _____ City _____ State/Country _____ Zip code _____
Phone: Home _____ Work _____

I hereby authorize UCHA to contact the person/s mentioned above in the event of an emergency, and disclose any information as deemed necessary by UCHA.

Signature: _____ Date: _____

How did you learn about UCHA? Bruin Ad _____, mailing _____, campus posting _____, friend _____, other _____,
Have you ever been convicted of a felony or misdemeanor? Yes ___ No ___ If yes, please give details: _____
Have you lived here before? Yes ___ No ___ If yes, when? From _____ till _____ Were you expelled/Evicted? _____
Have you applied to UCHA before (for housing)? Yes _____ No _____ If yes, when? _____
Have you been evicted by a previous landlord? Yes ___ No ___ If yes, Explain: _____

I certify, with my signature below, that I understand all of the policies and conditions stated in this application, and that the information I have given (in this application) is correct and truthful. My signature also authorizes UCHA to verify my student status, credit history, and any or all information listed, and I am aware that I/or my family members will be contacted regarding and to recover any debts I may incur while at UCHA. I also understand that failure to disclose the truth will be grounds for immediate withdrawal of admission, and termination of my contract, and understand that the UCHA also reserves the right to make any changes, withdraw any offer of admission, or cancel reservation, and for no cause.

Signature: _____ Date: _____

Parent/Guardian signature if applicant is under 18 _____ Date _____

I authorize UCHA to debit my credit card: Visa/Master card # _____ for a total of US \$ _____ Expiry
_____ Security code: _____ (last three digits), Zip code _____, Street # _____.

Signature: _____ Date: _____

NOTICE: ALL CHECK-INS MUST BE DONE IN PERSON AND MAY ONLY BE DURING OFFICIAL OFFICE HOURS (I.E. MON.-FRI. 12 PM-8 PM). HOURS VARY DURING THE HOLIDAY SEASONS. PLEASE CALL 310 208 8242 OR EMAIL AT UCHAWEB@EARTHLINK.NET TO CONFIRM TIMES. Also, please bring two forms of photo ID, one from the college you will be attending in Los Angeles. (An admission letter will also be adequate). Please note: This application is valid for only one Academic year (Fall through summer). If admission is not gained during this period, a new updated application will need to be filed. Additionally, if admission is not gained for the quarter applied, a formal request (by mail/ email) must be made for an application to be considered for another quarter.

AT CHECK-IN, ROOM/BOARD (R&B) PAYMENTS WILL NEED TO BE MADE AS FOLLOWS:

- For Check-ins during the 1st month of the UCHA quarter: R&B due-\$500.00 (i.e. reservation fee).
- For Check-ins during the 2nd month of the UCHA quarter: R&B due will be for the remainder of the quarter on a pro-rated basis (with a minimum due of \$500.00). The \$500.00 reservation fee will count towards the Pro-rated R&B.
- For Check-ins during the 3rd month of the quarter: R&B due will be the Pro-rate for the remainder of the quarter, and the \$500.00 (Reservation fee), which will be applied towards the R & B requirement for the next quarter.

ADDITIONALLY: ANY CHECK-INS (WITHIN TWO WEEKS) PRIOR TO THE OFFICIAL CHECK -IN DATE, WILL BE BILLED @ \$25.00 A DAY, UNTIL THE OFFICIAL UCHA CHECK-IN DATE. ANY CHECK-INS AFTER ZERO WEEK AND THE FIRST WEEK OF THE (UCLA UNDERGRADUATE) QUARTER, WILL BE BILLED ON A WEEKLY PRO-RATED BASIS.

FOR OFFICE USE ONLY:

PAYMENT	AMOUNT	RECEIPT#	DATE:
Application fee	=\$ 35.00	_____	_____
Express fee	\$ 20.00	_____	_____
Member fee	=\$150.00	_____	_____
Deposit	=\$1,000.00	_____	_____
Pro-Rate R&B	=\$ _____	_____	_____
Reservation fee (1 st R&B)	\$500.00	_____	_____

Approved/not approved: _____

Executive Director