



Resident Membership Application Academic Year 2004-2005

Please return to Laura Hartman's mailbox, Religious Studies Grad Student Lounge

Full Name:		UVA ID:	
Local Address:		Until: _____	
Street:		City, Zip:	
Permanent Address:			
Street:		City, Zip:	
Major/Field:	Graduation Date: / /	Birthdate: / /	



My idea of the perfect living situation would be...



What will you bring to the CHUVA community?



As far as housework goes, what do you enjoy? Despise?

List your experience in cooperative living or business:

What is the one question you think we should have asked you?

Would you like to share a room? Y N

Have you ever been evicted? Y N

If so, name a roommate: _____

Do you qualify for Federal Work Study or Grants? (for possible scholarship review) Y N

By signing this application, I agree that I have read the mission statement of CHUVA and understand the rights and responsibilities of membership in the cooperative house.

signature

date