



## Resident Membership Application Academic Year 2004-2005

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

Cooperative Housing at the University of Virginia  
1625-B Rugby Avenue  
Charlottesville, VA 22903  
EIN: 20-0716824  
Attachment to Form 1023 - Part II, #12b

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...

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What will you bring to the CHUVA community?

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

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List your experience in cooperative living or business:

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

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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