# UNIVERSITY COOPERATIVE HOUSING ASSOCIATION (UCHA, "The Co-op") APPLICATION FORM for 2026 Academic Quarters 500

Landfair Avenue, Los Angeles, CA 90024

Website: www.uchaonline.com • Email: admissions@ucha.coop • Phone: 310-208-8242

UCHA is a non-profit student housing cooperative where members work together to keep the cost of living down. As such, we depend on the enthusiastic participation and respectful conduct of each member, and welcome those that appreciate the spirit of cooperation and are willing to contribute towards our successful operation. Each member is required to perform a chore obligation of four hours per week, take turns cleaning their bathrooms, and observe all rules, policies and other contractual obligations.

- **ELIGIBILITY**: Members must be 18 years of age or older by the time they check in. **You must be a full-time student, faculty member or temporary researcher** at an accredited U.S. college or university for **each quarter** that you live here. Student status options are listed on our <u>How to Apply</u> page of our website.
- Step 1a: APPLICATION: This application must be <a href="mailed">emailed</a> along with proof of student, faculty, or researcher status (admission letter, transcript, I-20, DS-2019, researcher appointment letter, etc.), <a href="mailed">and</a> a copy of a valid State ID/Driver's license or Passport.

  International applicants without U.S. citizenship must also submit a copy of their F1 or J1 student visa.
- **Step 1b: APPLICATION FEE: You must pay a \$35.00 (U.S.) application fee (non-refundable).** Use the following link to pay by Credit, Debit, or Electronic funds transfer.

\$35 Application Fee: <a href="https://www.uchacoop.org/applicant/application-fee">https://www.uchacoop.org/applicant/application-fee</a>

- **Step 2: ADMISSION**: Once accepted, you will receive an offer via email to reserve your space at UCHA. To reserve your space, you will be instructed to make a payment of the \$650.00 (non-refundable) Reservation Fee, which will be credited towards the first room & board payment (think of it as the first month's rent). Please do NOT send the \$650.00 until invited to do so by a member of the admissions team. After the payment is made, we will send you a confirmation email, along with other check-in information. This will serve as the official offer of admission.
- Step 3: CHECKING IN: Checking in must be done *in person* and may only be done during our operating hours, 10am-5pm, Mon-Fri.

Hours may vary during breaks and the holiday seasons. To confirm these times, please email our admissions team.

#### **PAYMENTS DUE AT CHECK-IN:**

Upon arrival, you will be required to pay

- 1) the \$200.00 membership fee (non-refundable),
- 2) the \$1,200.00 security deposit (refundable after moving out), and
- 3) any additional room & board, if applicable, per the First Payment Schedule (see table below).

Failure to pay this entire amount will result in UCHA refusing your admission. All payments must be made by Cash, Credit or Debit card, Money order, or Traveler's checks. **We do not accept personal checks.** 

#### ROOM & BOARD FIRST PAYMENT SCHEDULE: Room and Board due at check-in is determined by when you move in.

<b>Before the Quarter Begins</b>	Already-paid \$650 Reservation Fee + \$30.00 per day until the official check-in date
1st Month of the Quarter	Already-paid \$650 Reservation Fee (nothing additional at check-in)
2 <sup>nd</sup> Month of the Quarter	Already-paid \$650 Reservation Fee + pro-rated remainder of the quarter
3rd Month of the Quarter	Already-paid \$650 Reservation Fee (applied to next quarter) + <b>pro-rated remainder of the quarter</b>

(Please refer to the UCHA website for the official check-in and check-out dates)

- **CONTRACT PERIOD**: Housing is contracted **per quarter**, and members are responsible for the entire quarter's room and board even if they move out before the official check-out date of the quarter. The quarter's room and board are divided into three installments, with each part due on the **first** day of each month. The contract is automatically renewed each quarter unless the member indicates that they will be moving out.
- **ROOM SELECTION**: Members make their room choices based on *seniority* (the length of time lived at UCHA), shortly after each quarter begins. It is common that you may be in a temporary room until the room-change event occurs. Once you select a room through this event, you are not required to move again unless you choose to do so.

## APPLICATION FORM

Gender Pronouns: Sn	e/Her O He/Him O	They/Them O	Otner: _		
Family (Last) Name				Date of Birth	
First Name				Country/State of Birth	
Street Address				Citizenship	
City				E-mail	
State and ZIP Code				Phone	

State and Zir Code	<u>′1</u>			Thone		
	move in: Winter <u>2026</u> O Summer <u>2026</u> O	UCHA quarter and all check-in/ou dates are based on the UCLA acader calendar. Please refer to the <u>UCH</u> <u>website</u> for more information.	nic in? Month:	you like to mo	ove	Do you need  parking? Yes O  No O  (Subject to availability)
Are you a Full-Time	_	rttend while at UCHA: te O UCLA Graduate O UCLA	Research O	Degree/Majo	or/Certific	ate Program of study:
student? Yes O		A Faculty O UCLA Visiting SMC O Other:		Student ID#		
No O  Have you lived at U				Have you ap	plied to U	СНА
No O If yes, when?	From: to:	Were you expelled/e	victed:	before? No C	O If yes, v	vhen?
Is there a current me No O Yes, I want to	mber you plan to live	landlord? No O If yes, explain with, or are you applying with	someone you pl	an to live with	? Current M	ember O Applicant O
Name of the person paying the application fee	n on		Relationship to	the applicant		
Will this person also for the reservation for (if the applicant is accepted to UCHA	Se? No D					
If no, name of the person paying the reservation fee			Relationship to	the applicant		

## **EMERGENCY CONTACTS**

Full Name	Full Name	
Relationship	Relationship	
Street Address	Street Address	
City-State-Zip	City-State-Zip	
Home Phone	Home Phone	
Work Phone	Work Phone	

### **CONSENT**

Univers	, hereby, declare that on this day, I have read and understand the ments that I must complete in order for my membership to remain in good status and for me to continue living at the sity Cooperative Housing Association (UCHA), as outlined below. Failure to complete these requirements will result in the membership termination, and dismissal from the UCHA premises. Kindly place your initials in the box to the left of aragraph to indicate that you have read and understood the content.
Name In	nitial in boxes below
	Complete weekly chore shifts (4 hours). Missing more than 2 chore shifts (8 hours) constitutes grounds for summons and possible membership termination. New members start in either the kitchen or facilities. Be prepared on your check-in day to choose an available shift based on your personal schedule. As you learn more about UCHA, you may choose to apply to other departments to contribute your time to (gardening, accounting, office crew, mail crew, Co-op store, etc.)
	Complete bathroom cleanings. Missing more than 2 bathroom shifts constitutes grounds for summons and possible expulsion. As a member, you are required to clean your (shared) bathroom(s) two to three times per quarter. You will only be cleaning your hallway's bathrooms. Bathrooms are inspected to ensure that all members are cleaning to standard.
	Paying your room and board payment on time. Please check your online portal account for your monthly bill. The statements for next month's bill are usually posted in the last week of the preceding month. It is your responsibility to regularly check your statement and make your room and board payments on time. Room and board are always due on the first day of every month. Failure to make payments on time will lead to a summons and possible expulsion.

I hereby authorize UC deemed necessary by b		/s mentioned above in the event of an emergency and disclose any information as
Signature:		Date:
have given is correct an information listed, and at UCHA. I also unders my contract, and unders	d truthful. My signature als I am aware that I/or my fan tand that failure to disclose	d all of the policies and conditions stated in this application, and that the information I so authorizes UCHA to verify my student status, credit history, and any or all nily members may be contacted regarding and to recover any debts I may incur while the truth will be grounds for immediate withdrawal of admission, and termination of eserves the right to make any changes, deny or withdraw any offer of admission, or
Signature:		Date:
	AND 3) a	org/applicant/application-group of a valid State ID/Driver's license or Passport,  ND if applicable, a copy of an F1 or J1 visa for international applicants
		ed, a formal request must be made for your application to be considered for maximum of 2 times after which you will need to submit a new application.
FOR OFFICE USE O	NLY:	
Approved	Not Approved	
Ac	dmissions	
Application changed	on quarter d: Date of	

Date of seco	end request:			
Fees	Amount	Receipt	Date	
Application fee	\$35.00			
Reservation fee	\$650.00			
Membership fee	\$200.00			
Security deposit	\$1200.00			
Early check-in charge	\$30 per day			

first request;