UNIVERSITY COOPERATIVE HOUSING ASSOCIATION (aka UCHA, "The Co-op")
APPLICATION FORM
500 Landfair Avenue, Los Angeles, CA 90024
Website: www.uchaonline.coop ● 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 who 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 How to Apply page of our website.

Step 1a: APPLICATION: This application must be emailed along with proof of student, faculty, or researcher status (admission letter, transcript, I-20, DS-2019, researcher appointment letter, etc.), and 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: https://www.uchacoop.org/applicant/application-fee

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.

Before the Quarter Begins	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)
2nd 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) + **pro-rated remainder of the quarter**

(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: She/Her ○ He/Him ○ They/Them ○ Other: _____

Family (Last) Name		Date of Birth	
First Name		Country/State of Birth	
Street Address		Citizenship	
City		E-mail	
State and ZIP Code		Phone	

Quarter you want to move in: Winter 2027 ○ Spring 2027 ○ Summer 2027 ○ Fall 2027 ○ Winter 2028 ○ Spring 2028 ○	*UCHA quarter and all check-in/out dates are based on the UCLA academic calendar. Please refer to the UCHA website for more information.*	When would you like to move in? Month:_____ Year:_____	Do you need parking? Yes ○ No ○ (*Subject to availability*)

Are you a Full-Time student? Yes ○ No ○	Institution you will attend while at UCHA: UCLA Undergraduate ○ UCLA Graduate ○ UCLA Research ○ UCLA EAP ○ UCLA Faculty ○ UCLA Visiting Scholar ○ UCLA Extension ○ SMC ○ Other:_____	Degree/Major/Certificate Program of study: Student ID#
Have you lived at UCHA before? No ○ If yes, when? From: to: Were you expelled/evicted:		Have you applied to UCHA before? No ○ If yes, when?

Have you ever been evicted by a previous landlord? No ○ If yes, explain: _____

Is there a current member you plan to live with, or are you applying with someone you plan to live with?

No ○ Yes, I want to live with _____, who is a Current Member ○ Applicant ○

How did you learn about UCHA? _____

Name of the person paying the application fee		Relationship to the applicant	
Will this person also pay for the reservation fee? (*if the applicant is accepted to UCHA)*	Yes ☐ No ☐		
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

I,_____, hereby, declare that on this day _____, I have read and understand the requirements that I must complete in order for my membership to remain in good status and for me to continue living at the University Cooperative Housing Association (UCHA), as outlined below. Failure to complete these requirements will result in possible membership termination, and dismissal from the UCHA premises. *Kindly place your initials in the box to the left of each paragraph to indicate that you have read and understood the content.*

Name Initial 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 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: _____

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 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 may 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, deny or withdraw any offer of admission, or cancel the reservation, for any and or no cause.

Signature: _____ Date: _____

☐Email to ADMISSIONS@UCHA.COOP: 1) this signed application

AND 2) proof of student or faculty status (admission letter, transcript, I-20, etc.)
AND 3) a copy of a valid State ID/Driver's license or Passport,
AND if applicable, a copy of an F1 or J1 visa for international applicants

☐Pay the Application Fee (https://www.uchacoop.org/applicant/application-fee)

If admission is not gained for the quarter applied, a formal request must be made for your application to be considered for another quarter. You may make this request a maximum of 2 times after which you will need to submit a new application.

FOR OFFICE USE ONLY:

Approved Not Approved

_____
Admissions

Application quarter changed: Date of first request:_____

Date of second 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		