



Austin Music Co-op Membership Application

410 E 5th St. Suite 501 🇺🇸 Austin, Texas 78701 🇺🇸 Toll-Free/Fax: 888-848-2595

Members of the Austin Music Co-op are more than just residents - here you'll be founding a community and creating a new way of life. Every member can express ideas and help control the affairs of the house. If you are up for the benefits and responsibilities of creative control, the Austin Music Co-op will be glad to review your application and we look forward to your membership!

A. Applicant Information

Last Name	First Name	Date	Date of Birth
E-Mail Address		Social Security #	Driver's License # (STATE)
Permanent Address			Phone
Current Address			Phone
How long will you be at your current address?			
Additional Address (within the last year)			Phone
Have you ever lived in a housing co-operative? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you every been evicted from a place of residence? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have any special medical/dietary needs we should know?			

B. Emergency Contact

Name	Relation to Applicant
Address	Phone

C. Housing Preferences

Date you expect to receive housing:	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Smoking <input type="checkbox"/> Non
Preferred Room:	<input type="checkbox"/> Single Only <input type="checkbox"/> Double Only <input type="checkbox"/> Double but will accept Single <input type="checkbox"/> Single but will accept Double	
Please rate yourself on the amount of noise you make. (circle one)	Quiet 1 2 3 4 5 6 7 8 9 10 Noisy	
How much noise can you tolerate? (circle one)	Quiet 1 2 3 4 5 6 7 8 9 10 Loud	
How did you hear about us?	<input type="checkbox"/> Mailing <input type="checkbox"/> Newspaper <input type="checkbox"/> Friends <input type="checkbox"/> Walked By <input type="checkbox"/> UT Info <input type="checkbox"/> Other:	
Describe any pets: Are you allergic to any pets? Which ones?	PETS MUST BE APPROVED & REGISTERED!	

D. Additional Questions

Here are a few additional questions to help us get to know you better. The co-op will review these questions at the membership meeting. You can use additional sheets of paper and/or any other medium to supplement this application.

1. At the Austin Music Co-op you will be living and working alongside people from diverse sexual orientation, religious, racial, cultural, social, and ethnic backgrounds. Do you foresee this as a problem? Yes No

Please explain if necessary.

2. Living in a co-op is not like living in a dorm or apartment. You will be part of a community. All members participate in 1-2 house meetings a month and 1-6 hours of weekly duties. These duties are vital to good house operations. Are you willing to accept these duties and do them responsibly? Yes No

Please explain if necessary.

3. What are the advantages for you in a co-operative, as opposed to other forms of housing?

4. What contributions can you make to this living lifestyle?

5. Please describe yourself (i.e. music, hobbies, interests, goals, background, etc.).

6. What source of income will you use to pay the Austin Music Co-op?

E. Declaration (Please read and sign this statement.)

I declare:

- This is my application; and
- All the information is complete to the best of my knowledge and belief.

I authorize:

- Pursuant to the Freedom of Information and Protection of Privacy Act (the FOI Act), the Austin Music Co-op to make any inquiries that are necessary to verify the information given in this application; and
- Pursuant to the FOI Act, any person, corporation or social agency to release the Austin Music Co-op any information pertinent to the assessment of my application; and
- The Austin Music Co-op to receive and exchange with credit bureaus and my previous landlords credit and other information about me, to be used in the decision making process to provide with rental accommodation.

I understand:

- That this application does not constitute any agreement on the part of the Austin Music Co-op to provide me with rental accommodation; and
- That it is my responsibility to advise the Austin Music Co-op of any changes to the information given in this application and to provide and supporting materials required for my application.

Signature:

Date: