



# KEYSTONE ECOLOGICAL URBAN CENTER

4750 North Sheridan Road, Chicago, IL 60640 • (773) 305-2827 • [www.geocities.com/keystoneeuc](http://www.geocities.com/keystoneeuc)

## Intentional Community Program Application

PERSPECTIVE MEMBER INFORMATION			
Last Name	First	M.I.	Date
Present Address		Apartment/Unit #	
City	State	ZIP	
Phone	Alt Phone	E-mail Address	
Present Living End Date		Planned Date of Entry into Community	
Have you ever been convicted of a felony? NO <input type="checkbox"/> YES <input type="checkbox"/> If yes, please explain			

REFERENCES	
Please attach one letter of reference from a person who knows you well.	
Full Name	Relationship
Phone (     )	
Full Name	Relationship
Phone (     )	
Full Name	Relationship
Phone (     )	

PRESENT EMPLOYMENT OR OTHER SOURCE OF INCOME	
Company/Income Source	Phone (     )
Address	Supervisor
Job Title	
Responsibilities	
Length of time you have had this employment/income source:	

As a community, a demonstration of a plan and ability to continue paying rent or find other housing should you loose the above source of income is required. Please describe your plan below.

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### CONCENTRATION ON INTENTIONAL COMMUNITY LIVING: REASONS FOR JOINING

Please either write a few words on each subject, or attach a letter of explanation

Why are you interested in joining the community?

What unique gifts will you bring to the community?

How do you plan on contributing to our community?

What aspects of joining this community are you most hesitant about?

#### **EXPERIENCE WITH COMMUNITY AND DIVERSITY**

Describe experiences you have had living with groups of people. What insights about your self or group dynamics did you learn?

There will likely be people who are of different races, ethnicities, genders, sexual orientation, educational background, and economic class than your own in the community. How will you work to build an atmosphere that is open, supportive, and safe?

#### **SUPPORT NEEDS**

What, if any, financial obligations do/will you have which might make it difficult for you to participate in the community?

Do you have any special needs or health concerns (physical, mental, emotional)?

Please describe your support networks outside of this community (friends, family, religious organizations, etc)

#### **DISCLAIMER AND SIGNATURE**

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to becoming a member of the Keystone Cooperative Living Community, I understand that false or misleading information in my application or interview may result in forgoing my consideration and my immediate expulsion from said community.

Signature

Date