

# writer HOUSE

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## Writing Space Full Time Access Application

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Date of Application \_\_\_\_\_

Mr./Ms./Mrs./Dr. First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Day \_\_\_\_\_ Evening \_\_\_\_\_ Cell \_\_\_\_\_

Email Address \_\_\_\_\_

Website Address \_\_\_\_\_

Are you currently a member? \_\_\_\_\_ (Membership is required for writing space)

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Which type of space are you requesting?

Non-Reserved \_\_\_\_\_ Monthly (\$50/month) \_\_\_\_\_ Quarterly (\$125/quarter)

Reserved \_\_\_\_\_ Monthly (\$175/month) \_\_\_\_\_ Quarterly (\$500/quarter)

Beginning date requested \_\_\_\_\_ Anticipated end date if applicable \_\_\_\_\_

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Published Works (if any)

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Current or Prospective Writing Project(s)

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Character References

1) Name \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_ Relationship \_\_\_\_\_ How long? \_\_\_\_\_

2) Name \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_ Relationship \_\_\_\_\_ How long? \_\_\_\_\_

Current Fellowships/Grants \_\_\_\_\_

How did you hear of WriterHouse? \_\_\_\_\_

**Please do not include payment with this application.** If your application is accepted, you will be required to sign an occupancy agreement and submit payment for the first month or quarter, along with the amount of an annual WriterHouse membership if you are not already a member.

**PLEASE ALLOW TWO WEEKS for processing of this application.** We will get back to you as quickly as we can.

\_\_\_\_\_  
Signature of Applicant

Office Use  
Date Received \_\_\_\_\_ By \_\_\_\_\_