



For Office Use

RESALE HOME APPLICATION

Please complete and return to the ICHA Sales Office, 1083 California Avenue, Irvine, CA 92617. If you have questions, please call (949) 824-7345 or e-mail uhills@uci.edu.

Name: _____ (M/F)
Last First Middle

Co-Applicant: _____ (M/F)
Last First Middle

Home Address: _____
Street Apt. No.

City State Zip

Phone () _____ Cell () _____ Other () _____

E-Mail Address: _____ UCI Employee No. _____

Job Title: _____ Department: _____

Date of Employment/Appointment Date at UCI: _____

Please list the ten floor plans or series that you prefer, such as 100, 200, 300, etc. The rank order is not important.

Number in your Household: _____ Adults _____ Children

Currently: _____ Own _____ Rent, in University Hills _____ Yes _____ No

(If own in University Hills, please list plan _____)

Please provide any information about your specific needs

I understand that completing this form does not guarantee me a home in University Hills, does not constitute a contract between ICHA and me, and does not prohibit ICHA from modifying any documentation provided to me. Further, I understand that completing this form does not obligate me to purchase a home in University Hills.

I understand that ICHA may need to verify the information that I have provided in order to be eligible to buy a home. I therefore consent to the release of any information necessary to verify the information that I have provided, and release any and all persons from all liability in responding to inquiries in connection with this application. I also understand that any inaccurate information contained in any report shall not be the responsibility of ICHA or any of its agents.

I certify that the information provided by me on this form is true to the best of my knowledge. I understand that provision of false information may result in my becoming ineligible to purchase a home in University Hills even if I am otherwise eligible to do so.

SIGNED

APPLICANT

DATE

CO-APPLICANT

DATE