

APPLICATION
Gabrielino Apartments
University of California, Irvine

Date * _____

Name _____ Other Occupant: Name & Relationship

Home Address _____ ZIP

Home Phone (_____) _____ Office Phone (_____) _____

E-mail _____ Fax (_____) _____

UCI Dept./Title _____ UCI Extension _____

Hire Date _____ UCI Employee ID # _____

Contact Person at UCI _____ UCI Extension _____

Please refer to the Gabrielino price list (enclosed) for model descriptions and information on eligibility requirements and priorities.

Check appropriate category:

- | | | |
|--|---|---|
| <input type="checkbox"/> Newly Recruited Faculty | <input type="checkbox"/> Newly Recruited Academic Staff | <input type="checkbox"/> University Staff |
| <input type="checkbox"/> Current Faculty | <input type="checkbox"/> Current Academic Staff | |

Indicate your model preferences in numerical order, listing only those you are willing to accept.

- | | | |
|--|--|--|
| <input type="checkbox"/> Sage - second floor | <input type="checkbox"/> Willow - ground floor | <input type="checkbox"/> Willow - second floor |
|--|--|--|

Desired move-in date: _____

Disability - related needs _____

Please mail or fax completed application to: **Irvine Campus Housing Authority**
c/o Rental Office
1083 California Ave
Irvine, CA. 92617
949-824-6254 Fax 949-824-6697

*Application is valid for 2 years following this date.
Please reapply after 2 years if you wish to remain on waiting list.

Account # _____	For Office Use Only	Mo. Rent \$ _____
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Apartment Address _____ Gabrielino Drive, Irvine, CA 92617

Occupancy: Beginning Date _____ Termination Date _____

- | | | |
|--|----------|-------------------------|
| <input type="checkbox"/> Prorated Rent | \$ _____ | Check# _____ Date _____ |
| <input type="checkbox"/> Pool Key (Refundable Deposit) | \$ 25 | |
| <input type="checkbox"/> Security Deposit | \$ 350 | |
| <input type="checkbox"/> Processing Fec | \$ 20 | |
| Total | \$ _____ | Check# _____ Date _____ |