

APPLICATION
Santiago Apartments
University of California, Irvine

Date * _____

Name _____
First Last Other Adult: Name & Relationship

Names and ages of children _____

Number of cats _____ Do you or any member of your household smoke? _____

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 Santiago price list (enclosed) for model descriptions and information on eligibility requirements.

Check appropriate category:

- Newly Recruited Faculty
 Newly Recruited Academic Staff
 University Staff
 Current Faculty
 Current Academic Staff

Indicate your model preferences in **numerical** order, listing only those you are willing to accept.
There are no elevators, stairs only.

- | | | | |
|---|---------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Avalon 1/1 (No Garage) | <input type="checkbox"/> Ground Floor | <input type="checkbox"/> Second Floor | <input type="checkbox"/> Third Floor |
| <input type="checkbox"/> Balboa 2/2 (Garage-2nd floor units only) | <input type="checkbox"/> Ground Floor | <input type="checkbox"/> Second Floor | <input type="checkbox"/> Third Floor |
| <input type="checkbox"/> Capistrano 2/2 (No Garage) | <input type="checkbox"/> Ground Floor | <input type="checkbox"/> Second Floor | <input type="checkbox"/> Third Floor |
| <input type="checkbox"/> Dana 2+den/2 (Garage included) | <input type="checkbox"/> Ground Floor | <input type="checkbox"/> Second Floor | <input type="checkbox"/> Third Floor |
| <input type="checkbox"/> El Camino 3/2 (Garage included) | <input type="checkbox"/> Ground Floor | <input type="checkbox"/> Second Floor | <input type="checkbox"/> Third Floor |

Desired move-in date: _____

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.

For Office Use Only

Account # _____ Mo. Rent \$ _____

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 Fee | \$20 | | |
| Total | \$ _____ | Check# _____ | Date _____ |