

**Las Lomas****APPLICATION FOR RENTAL**

Application Date: \_\_\_\_\_

APPLICANT INFORMATION				
LAST NAME		FIRST NAME	M.I.	BIRTH DATE
HOME PHONE ( ) ( )	WORK PHONE ( ) ( )	CELL PHONE ( ) ( )	EMAIL	
PHOTO ID/ TYPE	NUMBER	ISSUING GOVERNMENT	EXP DATE	
CURRENT ADDRESS				
STREET ADDRESS		CITY	STATE	ZIP
OTHER OCCUPANTS				
LIST NAMES OF ALL ADDITIONAL OCCUPANTS				
PETS				
PETS?	DESCRIBE			
VEHICLE INFORMATION				
1. MAKE & MODEL		YEAR	LICENSE NO. & STATE	
2. MAKE & MODEL		YEAR	LICENSE NO. & STATE	
OTHER VEHICLES				
UNIVERSITY INFORMATION				
DEPARTMENT NAME		JOB TITLE	TITLE CODE	
SENATE/ NON SENATE/ STAFF		HIRE DATE	UCI ID NUMBER	
UCI CONTACT PERSON		OFFICE NUMBER		
CHECK APPROPRIATE CATEGORY				
<input type="checkbox"/> NEWLY RECRUITED FACULTY	<input type="checkbox"/> NEWLY RECRUITED ACDEMIC STAFF		<input type="checkbox"/> UNIVERSITY STAFF	
<input type="checkbox"/> CURENT FACULTY	<input type="checkbox"/> CURRENT ACADEMIC STAFF			
Check your model and floor preferences				
<input type="checkbox"/> AMAPOLA- GROUND FLOOR		<input type="checkbox"/> LIRIO- SECOND FLOOR		
<input type="checkbox"/> AMAPOLA- SECOND FLOOR		<input type="checkbox"/> SALVIA- GROUND FLOOR/UNIT ABOVE		
<input type="checkbox"/> AMAPOLA- GROUND FLOOR DISABLED		<input type="checkbox"/> SALVIA- SECOND FLOOR		
<input type="checkbox"/> AMAPOLA- SECOND FLOOR- EXTENDED DINING ROOM		<input type="checkbox"/> SALVIA- GROUND FLOOR/NO UNIT ABOVE		
<input type="checkbox"/> CLAVEL- GROUND FLOOR				
Desired move-in date:				

Please mail, fax, or email completed application to:

**ICHA Rental Office**  
 1083 California Ave., Irvine, CA 92617  
 949.824.6254 Fax 949.824.6697  
[rentalhousing@icha.uci.edu](mailto:rentalhousing@icha.uci.edu)

If you have not received an email confirmation within 2 weeks of your submission, please contact the ICHA Rental Office

\*Application is valid for 2 years following this date.

Please reapply after 2 years if you wish to remain on waiting list

