

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 PHONE	
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		
Check your model and floor preferences			
<input type="checkbox"/> PLAN I- GROUND FLOOR	<input type="checkbox"/> PLAN III- GROUND FLOOR		
<input type="checkbox"/> PLAN II- GROUND FLOOR	<input type="checkbox"/> PLAN IV- GROUND FLOOR		
Desired move-in date:			

Applicant represents that all the above statements are true and correct and authorizes verification of the above items. Providing false information on the application is a material breach of the rental contract.

Date _____ Applicant Signature _____

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

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

