

Miramonte**APPLICATION FOR RENTAL**

Application Date: _____

APPLICANT INFORMATION

LAST NAME	FIRST NAME	M.I.	BIRTH DATE
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HOME PHONE () ()	WORK PHONE () ()	CELL PHONE () ()	EMAIL
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PHOTO ID/ TYPE	NUMBER	ISSUING GOVERNMENT	EXP DATE
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DO YOU CURRENTLY LIVE IN UNIVERSITY HILLS? YES NOHAVE YOU EVER LIVED IN UNIVERSITY HILLS? YES NO

IF YES, PROVIDE ADDRESS:

CURRENT ADDRESS

STREET ADDRESS	CITY	STATE	ZIP
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OTHER OCCUPANTS

LIST NAMES OF ALL ADDITIONAL OCCUPANTS	

PETS

PETS?	DESCRIBE
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VEHICLE INFORMATION

1. MAKE & MODEL	YEAR	LICENSE NO. & STATE
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2. MAKE & MODEL	YEAR	LICENSE NO. & STATE
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UNIVERSITY INFORMATION

DEPARTMENT NAME	JOB TITLE	TITLE CODE
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SENATE/NON SENATE/STAFF	HIRE DATE	UCI ID NUMBER
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UCI CONTACT PERSON	OFFICE PHONE
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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 II- GROUND FLOOR	<input type="checkbox"/> PLAN III- GROUND FLOOR	<input type="checkbox"/> PLAN IV- GROUND FLOOR
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Desired move-in date:

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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

