

# RESERVATION REQUEST FURNISHED ON-CAMPUS SHORT TERM APARTMENTS

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

APPLICANT INFORMATION			
LAST NAME	FIRST NAME	M.I.	BIRTH DATE
HOME PHONE (    )	CELL PHONE (    )	EMAIL	
STREET ADDRESS	CITY	STATE	ZIP
UNIVERSITY NAME			
OTHER OCCUPANTS			
ADDITIONAL OCCUPANT (INDICATE AGES OF MINORS)			
DATES OF VISIT			
ARRIVAL DATE			
DEPARTURE DATE			
ARE YOUR ARRIVAL AND DEPARTURE DATES FLEXIBLE?                      YES                      NO			
ON CAMPUS FURNISHED APARTMENT – PLEASE CHECK YOUR MODEL PREFERENCE			
GABRIELINO – JR. ONE BEDROOM		GABRIELINO – ONE BEDROOM	
SANTIAGO – ONE BEDROOM		SANTIAGO – TWO BEDROOM	
UNIVERSITY AFFILIATION			
DEPARTMENT NAME		JOB TITLE	
UCI CONTACT PERSON	WORK PHONE	EMAIL	

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

