

For Office I
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## RESALE HOME APPLICATION

Please complete and return to the ICHA Sales Office, 1083 California Avenue, Irvine, CA 92617. If you have questions, please call (949) 824-7345 or e-mail sales@icha.uci.edu.

Name:				(M/F)
	Last	First	Middle	` ´
Co-Applicant:				(M/F)
11	Last	First	Middle	
Street				
	Apt. No	City State	Zip	
Cell (	) Cell (	)_ Other ( _		)
E-Mail Address:		UCI Employee No.		
ob Title	Title Code	Department		
Appointment Date	Arrival	date at UCI	Visa Status	
Please list floor plans or home ser	ies that you prefer, such as 100	), 200, 300, etc. The rank order is not	important.	
	ehold: Ad	ults Children	-	
Currently:Ov	vnRent, i	n University Hills	YesN	Ю
(If own in University	Hills, please list plan	n( )		

I understand that completing this form does not guarantee me a home in University Hills, does not constitute a contract between ICHA and me, and does not prohibit ICHA from modifying any documentation provided to me. Further, I understand that completing this form does not obligate me to purchase a home in University Hills.

I understand that ICHA may need to verify the information that I have provided in order to be eligible to buy a home. I therefore consent to the release of any information necessary to verify the information that I have provided; and release any and all persons from all liability in responding to inquiries in connection with this application. I also understand that any inaccurate information contained in any report shall not be the responsibility of ICHA or any of its agents.

I certify that the information provided by me on this form is true to the best of my knowledge. I understand that provision of false information may result in my becoming ineligible to purchase a home in University Hills even if I am otherwise eligible to do so.

SIGNED	
APPLICANT	DATE
CO-APPLICANT	DATE