

APPLICATION
Gabrielino Apartments
University of California, Irvine

Date * _____

Name _____

Other Occupant: Name & Relationship _____

Home Address _____

ZIP _____

Home Phone (_____) _____ Office Phone (_____) _____

E-mail _____ Fax (_____) _____

UCI Dept./Title _____ UCI Extension _____

Hire Date _____ UCI Employee ID # _____

Contact Person at UCI _____ UCI Extension _____

Please refer to the Gabrielino price list (enclosed) for model descriptions and information on eligibility requirements and priorities.

Check appropriate category:

- Newly Recruited Faculty Newly Recruited Academic Staff University Staff
 Current Faculty Current Academic Staff

Indicate your model preferences in numerical order, listing only those you are willing to accept.

- Sage - second floor Willow - ground floor Willow - second floor

Desired move-in date: _____

Disability - related needs _____

Return completed application to:

Faculty/Staff Housing Office
University of California
20 Los Trancos Drive, Irvine, CA 92617

*Application is valid for 2 years following this date.
Please reapply after 2 years if you wish to remain on waiting list.

Account # _____ **For Office Use Only** Mo. Rent \$ _____

Apartment Address _____ Gabrielino Drive, Irvine, CA 92617

Occupancy: Beginning Date _____ Termination Date _____

- | | | | |
|--|----------|--------------|------------|
| <input type="checkbox"/> Prorated Rent | \$ _____ | Check# _____ | Date _____ |
| <input type="checkbox"/> Pool Key (Refundable Deposit) | \$ 25 | | |
| <input type="checkbox"/> Security Deposit | \$ 350 | | |
| <input type="checkbox"/> Processing Fee | \$ 20 | | |
| Total | \$ _____ | Check# _____ | Date _____ |