

APPLICATION  
**Las Lomas Apartments**  
**University of California, Irvine**

Date \* \_\_\_\_\_

Name \_\_\_\_\_

Other Adult: Name & Relationship \_\_\_\_\_

Names and ages of children \_\_\_\_\_

Number and type of pets \_\_\_\_\_

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 Las Lomas 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.

- |   |  |
|---|--|
| <input type="checkbox"/> Amapola - ground floor                           | <input type="checkbox"/> Clavel - ground floor               |
| <input type="checkbox"/> Amapola - second floor                           | <input type="checkbox"/> Lirio - second floor                |
| <input type="checkbox"/> Amapola - ground floor, disabled                 | <input type="checkbox"/> Salvia - ground floor/unit above    |
| <input type="checkbox"/> Amapola - second floor with extended dining area | <input type="checkbox"/> Salvia - second floor               |
|   | <input type="checkbox"/> Salvia - ground floor/no unit above |

Desired move-in date: \_\_\_\_\_

Please 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.

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**For Office Use Only**

Account # \_\_\_\_\_ Mo. Rent \$ \_\_\_\_\_

Apartment Address \_\_\_\_\_ Los Trancos 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 _____ |