

CSU FULLERTON HOUSING AUTHORITY

UNIVERSITY GABLES

APPLICATION & PREFERENCE LIST

Please fill out the following form. When completed fax to Bill Herbert at 657.278.1141 or mail to CSU Fullerton Housing Authority, 2600 Nutwood Avenue Suite 250, Fullerton, CA 92831. If you have any questions regarding this form call 657.278.4104.

Applicant: _____
Last First Middle

Home Address: _____
Street

_____ City State Zip Code

Home Phone: _____ **Present Campus Phone:** _____

Email Address: _____ **Presently Own Home** (by you or jointly) Yes No

Number of People in Household: _____ **Home Preference:** Detached Attached None

Position: Faculty or Staff Employee

If Faculty, Are You: Tenured/Tenure Track or Lecturer

Status: Full Time Part Time Part Time Lecturer w/Contract Temporary
Or Probationary

Employment Status: Currently in Position or New Hire/Recruit

Campus or Organization Name: _____ **Date of Employment:** _____

Precise Job Title: _____ **Department:** _____

Estimate Your Combined Household Annual Income: _____

(Please note that household income cannot exceed 120% of the current Orange County Median Index as provided by the Department of Housing and Urban Development)

I understand that completing this form does not guarantee my acquiring a home in University Gables, does not constitute a contract between myself and the CSUFHA, and does not prohibit the CSUFHA from modifying any documentation provided to me. Further, I understand that completing this form does not obligate me to purchase a home in University Gables.

I understand that in order to determine whether I qualify to buy a home in University Gables, the CSUFHA may need to verify the information that I have provided. 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 the CSUFHA or any of its Board members.

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 Gables even if I am otherwise eligible to do so.

All information provided on this application will be confidential and for use by the CSUFHA only.

APPLICANT SIGNATURE

DATE