

UNIVERSITY GABLES

APPLICATION & PREFERENCE LIST

Thank you for your interest in University Gables. Please complete this form and email to Tony Lynch at tlynch@fullerton.edu. If you have any questions, call 657.278.7075.

Last	First	Mi	ddle
Home Address:			
Street		City, State	Zip
Work Phone:	Email:		
Home/Cell Phone:	Presently	y own home (by you or j	jointly): Yes No
Position: Staff Faculty	If Faculty, are you: Te	nured/Tenure Track Le	ecturer
Status: Full-time Part-tin	ne Part-time Lecture	er w/Contract Tem	porary or Probationary
Employment Status: Currently in P	osition New Hire/Recrui	it	
At Least One Year US Credit History Banks require at least one year of credit his requirements, not ASC. Lower household in	story in the United States for I		
Campus or Organization Name:		Date of Hire:	
Precise Job Title:		Department:	
Number of People in Household:	Home Pr	eference: Detached	Attached None
Estimate Your Combined Gross Hou (Please note that gross household income the Department of Housing and Urban Dev	cannot exceed 120% of the	e current Orange County Me	edian Index as provided by
I understand that completing this form doe contract between myself and the CSU Fu modifying any documentation provided to ma home in University Gables.	llerton Auxiliary Services Co	rporation (ASC), and does	not prohibit the ASC from
I understand that in order to determine whinformation that I have provided. I therefore have provided and release any and all per also understand that any inaccurate inform Board members.	e consent to the release of an sons from all liability in respo	ny information necessary to onding to inquiries in conne	verify the information that I ction with this application. I
I certify that the information provided by malse information may result in my becomin to do so.			
All information provided on this application	will be confidential and for us	e by the ASC only.	
APPLICANT SIGNATURE		DATE	