



AUXILIARY SERVICES CORPORATION

# UNIVERSITY GABLES

## APPLICATION & PREFERENCE LIST

Thank you for your interest in University Gables. Please complete this form and either fax or email to Chuck Kissel at 657.278.1499 or ckissel@fullerton.edu. If you have any questions call 657.278.4990.

**Applicant:** \_\_\_\_\_  
Last First Middle

**Home Address:** \_\_\_\_\_  
Street City, State Zip

**Work Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Home/Cell Phone:** \_\_\_\_\_ **Presently own home (by you or jointly):** Yes No

**Position:** Staff Faculty **If Faculty, are you:** Tenured/Tenure Track Lecturer

**Status:** Full-time Part-time Part-time Lecturer w/Contract Temporary or Probationary

**Employment Status:** Currently in Position New Hire/Recruit

**At Least One Year US Credit History:** Yes No **Down Payment Estimate:** \_\_\_\_\_  
*Banks require at least one year of credit history in the United States for home loans. Borrowers are to have a minimum of 5% down payment for wait-list placement consideration. Lower household income may be eligible for assistance from the City.*

**Campus or Organization Name:** \_\_\_\_\_ **Date of Hire:** \_\_\_\_\_

**Precise Job Title:** \_\_\_\_\_ **Department:** \_\_\_\_\_

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

**Estimate Your Combined Gross Household Annual Income:** \_\_\_\_\_  
*(Please note that gross 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 CSU Fullerton Auxiliary Services Corporation (ASC), and does not prohibit the ASC 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 ASC 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 ASC 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 ASC only.

APPLICANT SIGNATURE

DATE