



## *Syracuse University*

### HOME OWNERSHIP GRANT PROGRAM

#### PERSONAL APPLICATION AND ELIGIBILITY FORM

Please type in the required information. Make sure the form is signed and dated.

Return your signed application form to:

Syracuse University Real Estate Services Office  
Skytop Office Building  
Syracuse NY 13244-5300

Once the application form is approved by Syracuse University, it will be returned to you. It is your responsibility to forward the completed and approved form to Home Headquarters Inc., 124 East Jefferson Street, Syracuse NY 13202.

#### PROPERTY INFORMATION

The undersigned applies to Syracuse University (the "University") for a grant of \$1,000 under the Home Ownership Grant Program, subject to the presently applicable University policy, in connection with his/her prospective acquisition of the following single-family home, two-family home, or townhouse in a designated "Matching Cash Grant Zone," which he/she will use as his/her principal residence for 3 years following closing on the purchase of the home.

Street Address \_\_\_\_\_  
Syracuse, NY

Property is \_\_\_\_\_ Single Family \_\_\_\_\_ Two Family \_\_\_\_\_ Townhouse

Home Headquarters Customer Number \_\_\_\_\_

**APPLICANT INFORMATION**

The undersigned applicant certifies that he/she is a full-time or regular part-time faculty or staff member of Syracuse University.

Applicant's Name: \_\_\_\_\_

Present Home Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Syracuse University Job Title: \_\_\_\_\_

Department and Campus Address: \_\_\_\_\_

Campus Phone Number: \_\_\_\_\_

Campus E-Mail Address: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Date of Employment: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
**OFFICE USE ONLY**  
\_\_\_\_\_

Employment Data Verified by Department of Human Resources:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Wage and Salary Administration

Property Address Eligibility Verified by Real Estate Services Office:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Administrator, Real Estate Services

\_\_\_\_\_  
(list employee's name) has been approved to participate in the Home Ownership Grant Program.

\_\_\_\_\_  
Comptroller Date: \_\_\_\_\_