

## St. Joseph's/Candler Home Ownership Program Application

Employee Number \_\_\_\_\_

**Mission:** *Rooted in God's love, we treat illness and promote wellness for all people.*

Complete all information below. Do not leave any sections blank.

Applicant Name(s)				
	Name	SSN	DOB	Income/Benefit
1	_____	_____	_____	\$ _____
	_____	_____	_____	\$ _____

Current Address/Contact Information				
_____ Street				
_____ City		_____ State	_____ Zip Code	
2	_____ Home Phone		_____ Work Phone	
	_____ Cell		_____ Email	
_____ Current Rent		_____ Estimated Assets <i>(checking, savings, retirement)</i>		_____ New house Pymt not to exceed

Additional Occupants of House to be Purchased <i>(List All person that will be Living in the House)</i>				
	Name	SSN	DOB	Income/Benefit
3	_____	_____	_____	\$ _____
	_____	_____	_____	\$ _____
	_____	_____	_____	\$ _____
	_____	_____	_____	\$ _____
	_____	_____	_____	\$ _____

Authorization & Certification				
<p>The undersigned Applicant SJ/C Home Ownership Program authorizes the City of Savannah, Housing &amp; Neighborhood Services Department (HNSD), to verify all information reported in this application. Applicant authorizes the HNSD to obtain Applicant credit reports as part of the application process. Applicant agrees to provide the HNSD with information in a timely manner and understands that completing the SJ/C Home Ownership Program Assistance Application and/or City of Savannah's Dream Maker Program Application does not guarantee the Applicant will be approved to receive SJ/C Home Ownership Program Assistance or the City of Savannah's Dream Maker Program Assistance.</p>				
<p>The undersigned Applicant(s) certify that all information reported on this application is accurate. Knowingly reporting false information is grounds for disqualification, legal action, and appropriate penalties provided for by law.</p>				
<p>I hereby certify that I am: (ALL SIGNERS MUST INITIAL ONE OF THE FOLLOWING)</p>				
4	<input type="checkbox"/> A US Citizen or	<input type="checkbox"/> A Legal Alien	_____	_____
			Applicant Signature	Date
	<input type="checkbox"/> A US Citizen or	<input type="checkbox"/> A Legal Alien	_____	_____
		Applicant Signature	Date	



### St. Joseph's/Candler Home Ownership Program Checklist

- I am not a Manager or Supervisor at SJ/C.
- I am a current full-time, 32 hours per week, co-worker who has worked for SJ/C or other contracted service company (Morrison's, EnduraCare, RehabCare, etc.) for at least one year.
- I have been in good standing with SJ/C or other contracted service company for the most recent year of employment. I understand that this will be verified by HR and include compliance with system policies such as time and attendance.
- I have never participated in this program before.
- I understand that if I purchase and occupy a home with a fellow co-worker, we will be considered for a single co-worker benefit.
- I understand that I must own and occupy the home as my primary residence for five years after purchase.
- I understand that the home must be located within the City of Savannah, be safe, habitable and meet basic housing quality standards established by the **HNSD**.

I believe that the facts stated in this St. Joseph's/Candler Home Ownership Program Checklist are true.

**Complete all information below. Do not leave any sections blank.**

Name \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Campus:  St. Joseph's Hospital  Candler Hospital

Department Name \_\_\_\_\_

Department Location \_\_\_\_\_