



CommunityWorks

Building People & Places

HOME FROM WORK/EMPLOYER ASSISTED HOUSING APPLICATION PRISMA HEALTH SYSTEM SUPPLEMENT

REPRESENTATIONS

I represent, promise and confirm that I am eligible for the EAH Benefit Loan(s) described in the Property Information/CW Funding Request Section of this Application: I represent, promise and confirm that

- | | |
|--|---|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 1. As of the date of this application, I have at least twelve months of consecutive service as a regular employee, and I am in good standing. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 2. My level is [describe]. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 3. I have not received notice under the Discretionary Severance Benefit Plan that my job is being eliminated |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 4. I do not have pending an application to participate in a voluntary severance arrangement with the employer. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 5. I will use the loan proceeds only for the purpose(s) that are checked below:
<input type="checkbox"/> Partial payment of the property purchase price
<input type="checkbox"/> Permanent interest rate buy down on my related mortgage
<input type="checkbox"/> Closing costs on my related mortgage |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 6. I will occupy the property as my principal residence within a reasonable period of time following the closing date, but in no event more that 90 days following the closing date or, if I am building the property, not more than 90 days following the date construction is complete. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 7. No one who will be an owner of the property or be liable on a related mortgage, is now an owner of the property. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 8. If approved, this will be the only EAH Benefit Loan I have received. |

ACKNOWLEDGMENTS

I am applying for an EAH Benefit Loan under the EAH Benefit Plan. All statements made in the Application are true and correct; this Application contains no false statements, misrepresentations, or omissions of fact; these statements are made with the purpose of obtaining an EAH Benefit Loan under the EAH Benefit Plan. Any false statements, misrepresentations, or omission of fact in this Application may disqualify me for an EAH Benefit Loan.

I authorize the Mortgage Lender(s), the CommunityWorks and the Greenville County Human Relations Key Homeownership Counseling Program to verify all information I submit in connection with this application. I authorize the release to Mortgage Lender(s) of information about me to confirm that I am eligible for an EAH Benefit Loan.

I authorize the release of the Employee Certification and the Related Mortgage Information to the Mortgage Lender. I authorize CW, the Greenville County Key Program, the Mortgage Lender, or any person designated by them to obtain a Consumer Report when administering or collecting any EAH Benefit Loan I owe, and to obtain any other information about my income, my assets and my liabilities.

Deliberate false statements in this application may be a federal crime punishable by fine or imprisonment, or both under Title 18, united States Code, Section 1014.

BY SIGNING THIS APPLICATION, YOU ACKNOWLEDGE RECEIVING, READING, UNDERSTANDING, AND AGREEING TO THE TERMS AND CONDITIONS OF THE BENEFIT PLAN DESCRIPTION.

(Date)

(Signature)

Attachments (must have all attachments before submitting Application):

- Fully executed property purchase contract Completed EAH Program Participant Review