CommunityWorks
Building People & Places

Beaufort Memorial HOSPITAL

BEAUFORT MEMORIAL HOME FROM WORK EMPLOYER ASSISTED HOUSING SUPPLEMENTAL APPLICATION

REPRESENTATIONS

By completing this section, I attest that the following statements are true to the best of my knowledge. (*Please answer each question below to confirm your eligibility and agreement with the program requirements.)*

☐ Yes ☐ No	1. Do you currently have at least six months of consecutive service as a regular employee and are you in good standing?
	2. My job is
☐ Yes ☐ No	3. Have you received notice under the Discretionary Severance Benefit Plan that your job is being eliminated?
☐ Yes ☐ No	4. Do you currently have an application pending to participate in a voluntary severance arrangement with your employer?
	5. Please check all applicable purposes for which you will use the loan proceeds: ☐ Partial payment of the property purchase price ☐ Permanent interest rate buy down on my related mortgage
☐ Yes ☐ No	6. Will you occupy the property as your principal residence within 90 days of closing (or 90 days after construction completion, if a new build)
☐ Yes ☐ No	7. Is anyone who will be an owner or liable on the mortgage currently an owner of the property (other than in a refinance situation)?
☐ Yes ☐ No	8. Have you previously received a EAH Benefit Loan?

ACKNOWLEDGMENTS

I am applying for the 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 EAH Benefit Loan under the EAH Benefit Plan. Any false statements, misrepresentations, or omission of fact in this Application may disqualify me for the EAH Benefit Loan.

I authorize CommunityWorks 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 the EAH Benefit Loan.

I authorize the release of the Employee Certification and the Related Mortgage Information to the Mortgage Lender. I authorize CommunityWorks 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)