



Employer-Assisted Housing Program Homeownership Application

Please fill in the blanks and answer the questions that follow. All of the information you provide is kept confidential and will only be used to establish your eligibility to participate in the Employer-Assisted Housing Program. You will be contacted with information on the status of your application as soon as possible. Assistance will be distributed based on availability of funds.

First Name Middle Initial Last Name

Current Residential Address

City State Zip Code

Home Phone Work Phone Email Address

Department Job Title

1) Are you a full-time benefits-eligible University of Chicago or University of Chicago-Medicine employee and have you completed your probationary period? Yes No

2) How many years have you been employed by the University of Chicago/University of Chicago-Medicine? \_\_\_\_\_

3) Do you currently rent or own? Rent Own Other (please explain): \_\_\_\_\_

4) What is your current monthly rental or mortgage payment? \_\_\_\_\_

5) What is the size of your household? \_\_\_\_\_ person(s)

6) What is your total household (all adults) income before taxes and deductions? \_\_\_\_\_ per year

7) In which neighborhood will you purchase your home? Douglas Hyde Park South Shore Not Sure Grand Boulevard Kenwood Washington Park Greater Grand Crossing Oakland Woodlawn

8) Have you been pre-approved for a loan? Yes No

9) Will you contribute 3.5 percent of the purchase price towards the home down payment using your own cash? Yes No

By completing this form, you acknowledge that you have reviewed the EAHP FAQs and understand the requirements of the program including participation in homebuyer education seminars to learn about the home buying process and other homebuyer assistance programs and one-on-one counseling sessions to discuss your financial situation and prepare you for purchasing a home.

Employee's Signature Date