

## SUNY Cortland Neighborhood Homeownership Pilot Program Application

Name: \_\_\_\_\_

Current Street Address: \_\_\_\_\_

Faculty      Staff

Office/Department: \_\_\_\_\_

Home Phone: \_\_\_\_\_

C#: \_\_\_\_\_

Campus Address: \_\_\_\_\_

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

New Property Address: \_\_\_\_\_

\_\_\_\_\_

**Personal Authorization:** The information on this application is correct to the best of my knowledge and I intend to be relied upon for the purposes of this application. I authorize SUNY Cortland to make whatever inquiries it considers necessary and appropriate concerning my housing and employment status through the period that this application is active.

I understand that this benefit will only be discharged upon closing on an owner-occupied single family home in the designated area surrounding the college and that SUNY Cortland will retain this application whether or not this benefit is awarded.

By checking this box, I attest and affirm that I do have a signed agreement for the property listed in this application. This property is within the designated area, and I will supply a copy of my agreement to Assistant Vice President for Human Resources Gary Evans.

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

### Approvals

\_\_\_\_\_  
Signature of assistant vice president for human resources: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of the vice president for finance and management: \_\_\_\_\_ Date: \_\_\_\_\_