

SUNY Cortland Neighborhood Homeownership Program Application

Name: _____

Current Street Address: _____

Faculty Staff Research Foundation

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. I authorize SUNY Cortland to make the inquiries it considers necessary and appropriate while this application is active. Full-time employment will be verified by the Human Resources Office and final approval signed by the Vice President for Finance and Management.

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

By checking this box, I attest that I 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 the Vice President for Finance and Management.

Signature of applicant: _____ Date: _____

Verification of Eligibility

Signature of associate vice president for human resources Date: _____

Approval

Signature of vice president for finance and management Date: _____