



GUARANTEED MORTGAGE PROGRAM

Personal Application and Eligibility Form

Please complete all sections of this application. Make sure the form is signed and dated. If you and your co-applicant are jointly applying for a mortgage, both must sign this form.

Return your signed application form to:

St. Joseph's Hospital Health Center
Human Resource Department
301 Prospect Avenue
Syracuse, NY 13203

Once the application form is approved by St. Joseph's Hospital Health Center, it will be returned to you. It becomes your responsibility to forward the completed and approved form to the lending institution where you are applying for the mortgage.

Mortgage Information

The undersigned applies to St. Joseph's Hospital Health Center ("the Hospital") for a mortgage loan guarantee accommodation under the Guaranteed Mortgage Program, subject to presently applicable Hospital policy, in the sum of \$ _____ for his/her prospective acquisition of the following single-family home which he/she will use as his/her principal residence.

Street Address _____
Syracuse, NY 13203

Property is _____ Single Family _____ Two Family _____ Townhouse

Real Estate Broker involved: _____ Yes _____ No

If yes, state name, address, and phone number of broker:

The applicant understands that (i) the mortgage obtained from the lending institution will contain a requirement for an escrow account for the payment of real estate taxes and insurance premiums, (ii) the applicant will be solely responsible to monitor and contest any assessment of the property for real estate tax purposes, and (iii) the applicant will be solely responsible for payment of all other costs and expenses related to the property. Further, the applicant understands that he/she will be responsible for the payment of all closing costs. The applicant

commits that the property acquired under the Guaranteed Mortgage Program will be maintained in a state of order, repair, and good condition.

Applicant Information

The undersigned applicant certifies that he/she is a full-time staff member of St. Joseph's Hospital Health Center.

Applicant's Name: _____

Present Home Address: _____

Social Security Number: _____

St. Joseph's Hospital Health Center Job Title: _____

Unit/ Hospital Address: _____

Phone Number: _____

Email: _____

Name of Supervisor: _____

Date of Employment: _____

Name of Co-Applicant (if applying for a joint mortgage):

If Co-Applicant is also employed by St. Joseph's Hospital Health Center and affiliates, please indicate
Yes _____ No _____

Employment Data Verified by Department of Human Resources

Signature: _____ Date: _____

Frank Panzetta, Director, Human Resources

Please note: For any mortgage loan obtained under the St. Joseph's Hospital Health Center Guaranteed Mortgage Program, the entire unpaid balance of the principal and unpaid interest becomes due when the mortgagor (i) ceases to be employed by St. Joseph's Hospital Health Center, (ii) ceases to occupy the property as his/her principal residence, or (iii) ceases to be the owner of the property. If a default under the mortgage is not cured, the Hospital may acquire the mortgage from the lending institution and become the creditor of the applicant. At the closing of the loan, the applicant will be required to sign an agreement under which the applicant will be obligated to reimburse the Hospital for any payments made by the Hospital under the guaranty to be delivered by the Hospital at closing.

Any financial information supplied relative to this application may be made available to St. Joseph's Hospital Health Center by the lender. The decision to lend rests solely with the lending institution

Signature of Applicant: _____ Date: _____

Signature of Co-Applicant (joint applications only): _____

Property Address Eligibility Verification
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Signature: _____ Date: _____

Frank Panzetta, Director, Human Resources

Final Approval

_____ (list employee's name), has been approved to participate in the St. Joseph's Hospital Health Center Guaranteed Mortgage Program.

St. Joseph's Hospital Health Center:

By: _____ Date: _____

Michael Shaffer, Vice President of Fiscal Affairs