

Employee ID Number _____

UNIVERSITY OF DELAWARE
NEIGHBORHOOD MORTGAGE ASSISTANCE PROGRAM
APPLICATION FORM

Name of Applicant: _____

Current Address: _____
(Street) (City) (State) (Zip)

College or Department: _____

Phone Number: _____ Office Phone Number: _____

Date First Appointed by University: _____ Email Address: _____

I hereby request \$5,000 in accordance with the terms of the University of Delaware's Neighborhood Mortgage Assistance Program and in consideration thereof, I certify:

1. The home I plan to purchase is a single-family unit that will serve as my primary residence in specific targeted neighborhoods within the City of Newark.
2. I currently intend to remain an eligible employee for two years from the date of settlement or repay the remaining unforgiven loan balance even if continuing to reside in the house.
3. I understand that this assistance is taxable income subject to federal, state and FICA/Medicare tax withholdings as the loan is forgiven.
4. I qualify for this program, as I understand it, am a permanent full-time (75% or more) employee of the University of Delaware and have not previously participated in the Neighborhood Mortgage Assistance Program.
5. I will provide the University Payroll Office a copy of my signed and executed settlement form.

Address of home to be purchased: _____

Date of Settlement: _____

Signature (Witness) Date Signature (Applicant)

PLEASE DO NOT WRITE BELOW THIS LINE

Comments:

_____ Meets all Requirements

Recommended

Approved

Payroll, Director

Assistant Vice President, Analysis and Operations