

Goodwin University: HOMEOWNER'S INCENTIVE PROGRAM

(Please Type or Print Clearly)

Name: _____
Last First MI

Position Title: _____ Department: _____

Supervisor: _____

Current Residence: _____
Street Address

Address 2

City State Zip code

Are you currently renting? (check one) YES or NO

Is this your first purchase? (check one) YES or NO

Home Purchase Information

Date of Closing: ____/____/20____

List purchased property address *within program area (see map)*:

New Purchased Property Address: _____
Street Address

Address 2

City State Zip code

I certify that I have read and understood the Goodwin University Homeowner's Program guidelines, and that I am eligible to participate in this program based on these Incentive guidelines.

I agree to allow Goodwin University, or its agent, to verify that the above information is complete and correct as stated and to provide any subsequent eligibility certification for continuing program benefits. Please allow up to 30 days for payment processing.

Employee Signature: _____

Will advance funds be needed? If “Yes”:

If approved, one combined benefit check of \$10,000.00 will be available for your purchase closing expenses. Benefit check includes the one-time \$10,000.00. **ALLOW 10 BUSINESS DAYS FOR PROCESSING** – Please note: Check will not be available for pick up until the week of closing.

Complete this box only if you require some or all of these advance funds for your closing:

Date of Closing: _____/_____/20_____ Amount of funds needed: \$ _____

Attorney’s Name _____ Tel No. _____

Maximum: \$10,000.00

Copy of settlement statement must be forwarded to Human Resources within 30 days of closing. Failure to provide settlement statement will result in funds being returned to Human Resources via the Goodwin University payroll system.

Please forward the completed application to:

**Goodwin University- Human Resources
One Riverside Drive
East Hartford, CT 06118
Fax: (860) 913-2385
Email: JMcGill@goodwin.edu**

Internal Processing use only: Received by Human Resources

Date Received: _____/_____/20_____

Eligible _____ Not Eligible _____

Notes: _____

Approval Signature: _____