

St. Joseph's/Candler Home Ownership Program Application

Mission: *Rooted in God's love, we treat illness and promote wellness for all people.*

Employee Number _____

Complete all information below. Do not leave any sections blank.

1 Applicant Name(s)

Name	SSN	DOB	Income/Benefit
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

2 Current Address / Contact Information

Street _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____

Cell _____ Email _____

Current Rent _____ Estimated Assets (checking, savings, retirement) _____ New house Pymt not to exceed _____

3 Additional Occupants of House to be Purchased (List All person that will be Living in the House)

Name	SSN	DOB	Income/Benefit
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

4 Authorization & Certification

The undersigned Applicant SJ/C Home Ownership Program authorizes the City of Savannah, Housing & Neighborhood Services Department (HNSD), to verify all information reported in this application. Applicant authorizes the HNSD to obtain Applicant credit reports as part of the application process. Applicant agrees to provide the HNSD with information in a timely manner and understands that completing the SJ/C Home Ownership Program Assistance Application and/or City of Savannah's Dream Maker Program Application does not guarantee the Applicant will be approved to receive SJ/C Home Ownership Program Assistance or the City of Savannah's Dream Maker Program Assistance.

The undersigned Applicant(s) certify that all information reported on this application is accurate. Knowingly reporting false information is grounds for disqualification, legal action, and appropriate penalties provided for by law.

I hereby certify that I am: (ALL SIGNERS MUST INITIAL ONE OF THE FOLLOWING)

____ A US Citizen or ____ A Legal Alien _____

____ A US Citizen or ____ A Legal Alien _____

____ Applicant Signature _____ Date _____

____ Applicant Signature _____ Date _____



St. Joseph's/Candler Home Ownership Program Checklist

- I am not a Manager or Supervisor at SJ/C.
- I am a current full-time, 32 hours per week, co-worker who has worked for SJ/C or other contracted service company (Morrison's, EnduraCare, RehabCare, etc.) for at least one year.
- I have been in good standing with SJ/C or other contracted service company for the most recent year of employment. I understand that this will be verified by HR and include compliance with system policies such as time and attendance.
- I have never participated in this program before.
- I understand that if I purchase and occupy a home with a fellow co-worker, we will be considered for a single co-worker benefit.
- I understand that I must own and occupy the home as my primary residence for five years after purchase.
- I understand that the home must be located within the City of Savannah, be safe, habitable and meet basic housing quality standards established by the HNSD.

I believe that the facts stated in this St. Joseph's/Candler Home Ownership Program Checklist are true.

Complete all information below. Do not leave any sections blank.

Name _____

Signed _____ Date _____

Address _____

City _____ State _____ Zip _____

Phone _____

Campus: St. Joseph's Hospital Candler Hospital

Department Name _____

Department Location _____