



FACULTY & STAFF
HOUSING ASSISTANCE
PROGRAM APPLICATION

Instructions: Please type or input data directly on the form. BEFORE COMPLETING THIS APPLICATION, PLEASE READ THE HOUSING ASSISTANCE PROGRAM DESCRIPTION FOR IMPORTANT INFORMATION.

Applicant Name: Date:
Department: Full-Time Tenure Faculty or Executive Staff
Contact Phone: Email Address:
New Property Address:

I AM APPLYING FOR THE FOLLOWING PROGRAM(S)

- 1. Monthly Housing Subsidy: 2. Down Payment Subsidy:

Terms:

3. Closing Cost Subsidy: Maximum to be Paid:
(Attach a written estimate of closing costs from the lender or escow company)

4. Rental Subsidy (per month): Term (in months):

5. Short-Term Loan Amount: Term (not to exceed 10 yrs):

Borrower's Interest Rate: Treasurer's Office Interest Rate: 6%

DEPARTMENTAL ENDORSEMENT: (To be Completed and Signed by Dean or Vice President)

I endorse this application for housing assistance, as outlined above, and understand the Department is responsible in case of a default on the University loan. I authorize the expenditure of funds for the housing subsidy (or subsidies), if applicable, and have designated the account below to be used for this purpose. I also verify the title and salary of the applicant as outlined below:

Applicant's Title: Annual Base Salary ("ABS"): \$

Other USC Income:

Account for Subsidy Payment(s):

Account for Interest Subsidy:

Dean / VP / Provost Signature: Date:

PROPERTY INFORMATION

Purchase Price: _____ **Down Payment (excluding USC subsidy):** _____
Source of Down Payment Funds: _____
Primary Financing: _____ **USC Loan:** _____ **Other Loan:** _____
“Other Loan” Information (if applicable)
Source of Loan: _____ **Interest Rate:** _____ **Term(in years):** _____
Monthly Payment: _____ **Secured by the Home:** Yes No

Date Escrow Opened: _____ **Escrow Closing Date:** _____
Name of Escrow Company: _____
Address: _____
Phone: _____ **Fax:** _____ **E-mail:** _____
Escrow Officer: _____ **Escrow Number:** _____

Name of Lending Institution: _____
Address: _____
Loan Officer/Broker: _____ **Phone:** _____ **Fax:** _____
Expected Interest Rate: _____ **Rate Locked: Yes No**
Expiration Date: _____ **Fixed - or - Variable** **Rate Cap:** _____
Term: _____ **Monthly Payment:** _____
Negative Amortization: Yes No

Real Estate Agent: _____ **Phone:** _____ **Fax:** _____
Company: _____
Address: _____

APPLICANT INFORMATION

Name (First, Middle, Last): _____
Current Street Address: _____
Length of Time at Current Address: _____
Years: "Months: " Own " or- "Rent
7 Digit Employee Number: _____ **Birth Date:** _____ **Age:** _____
Marital Status: _____ **Number of Dependents:** _____
Former Address: _____

ASSETS OWNED [ONLY REQUIRED FOR LOAN APPLICANTS]

	VALUE	AMOUNT OF DEBT	NAME OF OWNERS
Cash			
Automobiles			
Life Insurance (cash value)			
Real Estate (list)			
Marketable Securities			
Other (list)			
TOTAL:			

ADDITIONAL QUESTIONS [ONLY REQUIRED FOR LOAN APPLICANTS]

(Applicant and Co-Applicant: Y=Yes, N=No)

	<u>Applicant</u>		<u>Co-Applicant</u>	
Have you any outstanding judgements?	Y	N	Y	N
In the last 14 years, have you been bankrupt?	Y	N	Y	N
Have you had property foreclosed upon?	Y	N	Y	N
Are you a co-maker or endorser on a note?	Y	N	Y	N
Do you pay alimony, child support, or separate maintenance?	Y	N	Y	N

* If a "yes" answer is given to any of the foregoing questions, please explain on a separate sheet and attach.

Do you have health and accident insurance?	Y	N	Y	N
Do you have major medical coverage?	Y	N	Y	N
Have you previously owned a home?	Y	N	Y	N

If yes, what was the sales price of the previously owned home?

Other Real Estate Owned:

Address:
Address:

Mortgage Payment:
Mortgage Payment:

SECURITY FOR CREDIT

The following item of Security will be given in connection with the credit, if extended. Second Deed of Trust covering the property described on page 1 of this Application in favor of the University of Southern California.

Names and title vesting as they will appear on your ownership documents and on this Deed of Trust:

ALL APPLICANTS

The information on this Application is correct to the best of my knowledge and I intend it to be relied upon for the purposes of this Application. I authorize USC to make whatever inquiries it considers necessary and appropriate concerning such information and to give information regarding USC's credit experience to other persons, including credit-reporting agencies, if this credit is granted. I authorize my credit references to provide information to USC and I understand that USC will retain this Application whether or not this credit is approved, and that you will consider it as a continuing statement of my financial condition.

Signature of Applicant

Date

Signature of Co-Applicant

Date