

Live Near Your Work APPLICATION

Mission of the Program –

The Live Near Your Work Program is a joint effort between Johns Hopkins University and Health System and Baltimore City to stimulate home ownership amongst employees of the Johns Hopkins Institutions (JHI) and support community revitalization in Baltimore City.

Scope of the Program -

The LNYW Program provides a cash grant to eligible JHI employees purchasing homes in targeted neighborhoods. The Program is administered by the Johns Hopkins University Office of WorkLife & Engagement on behalf of the Johns Hopkins Institutions.

The City of Baltimore will make a contribution of \$1,000; JHI will contribute an additional amount that is determined by the location of the purchased home.

Total grant subsidies, including the City contribution, will be in one of the following amounts: \$2,500, \$6,000, \$10,000 or \$17,000 based on the target area in which the home is purchased. These funds are applied at settlement to closing costs or down payment. The employee must also contribute a minimum of \$1,000 in the settlement transaction.

LNYW Provisions –

Grants made on and after August 1, 2008 are provided as follows:

- Grants are available on a first-come first-serve basis; the Program may be discontinued at anytime.
- Grants are provided at the discretion of WorkLife Programs and Baltimore City.
- An application for a LNYW Program grant does not guarantee that a grant will be received.
- Grants are available only for homes purchased within a target area designated by the LNYW Program, and the amount of the grant varies based on the location of the home. The boundaries of a target area include houses on both sides of the boundary street.
- Reservation of grant funds, final approval, and disbursement of funds is contingent upon the timely receipt of the documents required by Baltimore City and by WORKlife Programs.
- Grant money may only be used for down payment and closing costs at settlement for the purchase of an eligible residence; one grant per eligible address; one grant per employee.
- LNYW home purchases must be the primary residence of the Grantee, as defined by the State of Maryland, for a period of five years from the date of settlement, or Grantee will be required to repay all or a portion of the grant per the following schedule:
 - 100% repayment if home is not the primary residence during the first three years from the settlement date
 - 50% repayment if home is not the primary residence during the period from three years and one day through four years from the settlement date
 - 25% repayment if home is not the primary residence during the period from four years and one day through five years from the settlement date

This means that a grant recipient will be required to repay all or a portion of grant monies received if the home is sold and/or the home is not the primary residence of the recipient during the five year period after the settlement date. In addition to repayment, grant recipients may be subject to disciplinary action if the failure to abide by grant requirements was not for good cause.

- LNYW may be available to newly-hired employees who are relocating to the area, per a separate written provision signed by the employee, the hiring person, LNYW program coordinator.
- False statements or material omissions made by an employee on, or in connection with, an application for a LNYW Program grant can result in denial of the grant, repayment of any grant funds received by the employee and disciplinary action up to and including termination.

LNYP Eligibility and Conditions –

To be eligible for a LNYP Program grant, an applicant must:

- Be a full-time, benefits-eligible **employee of Johns Hopkins University, Johns Hopkins Hospital, Johns Hopkins Health Care, Johns Hopkins Community Physicians, Johns Hopkins Home Care Group, or Johns Hopkins Bayview.**
- Purchase a home in a LNYP Program target area (see map for details).
- **Contribute at least \$1000 toward the down payment and/or closing costs at settlement.**
- Obtain a signed certificate documenting the completion of **home ownership counseling prior to signing a contract of sale.**
- **Agree to repay funds** in full, if applicable, per the LNYP program provisions.

Employee Data –

Please provide all information requested. Employee data remains private and is used for program purposes only.

Name: _____ S.S.#: _____

Employer: _____

Present Street Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____

Work Phone #: _____ Work Fax #: _____

New Home Address: _____ Baltimore, MD Zip: _____

Contract Date: _____ Contract Price: _____

Planned Settlement Date: _____

Household Income *(collected for the U.S. Department of Housing and Urban Development)*

Information on household income is requested by the U.S. Department of Housing and Urban Development (HUD) for statistical purposes only. The applicant's household income does not affect eligibility for a LNYP grant. Information provided in LNYP employee applications is treated as confidential by HUD.

Annual household income is defined as 100 percent of the projected annual gross income, based on current rate of income, including social security, retirement income, pensions, wages, overtime, bonuses, commissions, investment and interest income, rental income, disability or unemployment income, alimony and support payments, and all other income from any sources.

***Total Annual Household Income:** *(as defined above)* \$ _____.

Number of persons 18 years of age or older: _____.

Number of persons under 18 years of age: _____.

**income of full-time high school or undergraduate students or persons under 18 years of age, unless such person is a borrower, not to be included*

**Live Near Your Work
APPLICATION
SIGNATURE PAGE**

I, _____, *(printed name)* agree and certify as follows:

- I meet all of the eligibility criteria listed above for receipt of a LNYW Program grant;
- I am 18 years of age or older;
- I have a contract of sale to purchase an eligible residence located in a LNYW Program target area;
- I will contribute at least a \$1,000 toward the down payment and/or closing costs at settlement;
- I will hold title to this eligible residence;
- I will reside in the home purchased as my primary residence; and
- I will abide by all terms and provisions of the LNYW grant program

My signature below indicates that I have read, understood, and agree to the Johns Hopkins Live Near Your Work program mission, scope, provisions, eligibility and conditions.

I understand that I am required to repay all or a portion of grant funds I receive if I fail to keep the purchased home as my primary residence, or sell the home, during the five year period after the settlement date, regardless of whether I am employed at a Johns Hopkins Institution at such time.

I certify that the information I have provided on this application is true and accurate to the best of my knowledge, and I understand that any false statements or material omissions can result in denial of the grant, repayment of any grant funds received and disciplinary action up to and including termination.

Applicant Signature: _____ Date: _____

**Live Near Your Work
EMPLOYEE DEMOGRAPHIC FORM**

The following data is gathered to confirm employee eligibility and for release of funds. Employee data remains private and is used for these purposes only.

LAST NAME: _____ FIRST NAME: _____ _Middle Initial: _____

SS#: _____ DATE OF BIRTH: _____ SEX: M F

CONTACT INFORMATION:

Street: _____ Apt / Suite # _____

City: _____ State: _____ Zip: _____

E-mail: _____

Home Phone: _____ Work Phone: _____

Mobile Phone: _____ FAX: _____

EMPLOYER:

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> JHU | <input type="checkbox"/> JHCP |
| <input type="checkbox"/> JHH | <input type="checkbox"/> JHHCG |
| <input type="checkbox"/> JH BAYVIEW | <input type="checkbox"/> Other - please specify: |
| <input type="checkbox"/> JHHC | _____ |

EMPLOYMENT INFORMATION:

Position Title: _____

Division: _____ Department: _____

Room # / Bldg.: _____ Salary: _____

EMPLOYMENT DATE (MM/DD/YY): _____

LENGTH OF SERVICE – YEARS EMPLOYED BY JHI:

- < 1 year 1-3 years 3-5 years 5- 10 years > 10 years

Answering the remaining questions is voluntary and any responses collected are for program informational purposes only. Choosing not to provide this information will have no impact on grant eligibility.

EMPLOYMENT CLASSIFICATION:

- | | |
|---|--|
| <input type="checkbox"/> Tenured / tenure-track faculty | <input type="checkbox"/> Support staff: administrative |
| <input type="checkbox"/> Non-tenured faculty | <input type="checkbox"/> Support staff: technical |
| <input type="checkbox"/> Senior Staff | <input type="checkbox"/> Bargaining Unit |
| <input type="checkbox"/> Nurse (MSN, RN, BSN, LPN, NP) | |

RACE / ETHNIC GROUP:

- African American
- Asian/Pacific Islander
- Native American
- Hispanic/Latino
- Caucasian
- Other _____

MARITAL STATUS:

- Single
- Married
- Domestic Partner
- Separated

EDUCATION: *(What is the highest level you have attained?)*

- | | |
|---|--|
| <input type="checkbox"/> Junior High (6-8 years) | <input type="checkbox"/> Masters/Professional degree (17-19 years) |
| <input type="checkbox"/> High School (9-12 years) | <input type="checkbox"/> Non-medical doctorate (20-24 years) |
| <input type="checkbox"/> 2-year College (13-14 years) | <input type="checkbox"/> Medical doctorate (20-24 years) |
| <input type="checkbox"/> 4-year College (14-15 years) | <input type="checkbox"/> More than 24 years |

PRIMARY REFERRAL SOURCE: *(Please indicate where you first heard about this program)*

- | | |
|--|--|
| <input type="checkbox"/> Family member / significant other | <input type="checkbox"/> Training sessions |
| <input type="checkbox"/> Peer | <input type="checkbox"/> Printed materials |
| <input type="checkbox"/> Human Resources | <input type="checkbox"/> Internet |
| <input type="checkbox"/> Non-Hopkins agency / organization | <input type="checkbox"/> Orientation |
| <input type="checkbox"/> Self | <input type="checkbox"/> Other - please specify: |
| <input type="checkbox"/> Supervisor | _____ |

MAY WE CONTACT YOU TO FOLLOW UP ON THIS INQUIRY? Yes No

ARE YOU A FIRST TIME HOME BUYER? Yes No

NAME OF LENDER: _____

PERSON OF CONTACT: _____

PHONE NUMBER: _____

**Live Near Your Work
TARGET AREA VERIFICATION FORM**

This form must be returned to the Office of WORKlife Programs before the employee can have a grant held in his or her name. Please do not sign the form until a home has been selected and you have verified that it is within one of the target areas. Please fax to 443-997-6609.

Employee Name: _____

Address of Home Being Purchased: _____

- Within Homewood Target Area (in the target area, but not in Tiers A1, B1 or B2)
- Within Homewood Tier A1
- Within Homewood Tier B1
- Within Homewood Tier B2
- Within East Baltimore Target Area (in the target area, but not in Tiers A2 or C)
- Within East Baltimore Tier A2
- Within East Baltimore Tier C

Housing Counselor Name: _____

Housing Counseling Agency: _____

Date Housing Counseling Completed: _____
(verified by Housing Counseling Certificate)

I certify that the home being purchased is within the target area noted above according to the JHI Live Near Your Work program map.

Employee Signature: _____

I certify that the home being purchased is within the target area noted above according to the JHI Live Near Your Work program map.

LNYW Program Coordinator Signature: _____

