

Faculty Housing Assistance Program Application

Section One

| | | | |
|-------------------|------------------|-------------------|---|
| First Name | Last Name | Department | Primary Campus Work Location¹ |
| | | | |
| Address | | | City |
| | | | Zip Code |
| | | | |

If my application is approved, I choose to elect² one of the following payment options.

| | |
|--------------------------|---|
| <input type="checkbox"/> | Monthly installments over 60-month period |
| <input type="checkbox"/> | Equal monthly installments over 24 months |
| <input type="checkbox"/> | As a lump sum |

By completing and submitting the application, I indicate my interest in participating in the Faculty Housing Assistance Program (FHAP) and I will comply with all listed current instructions, requirements, and future requests concerning the program by agents of Chapman University.

In accordance to the terms and conditions of the program:

- The Faculty Housing Assistance Program (FHAP) provides wage supplement payment(s) to eligible tenured or tenure-track faculty to offset expenses incurred due to the purchase of a first primary home within the Chapman University vicinity. If I have a prior primary home, I am confirming that it was not located within the Chapman University vicinity.
- It is the eligible faculty member’s responsibility to submit the application and supporting document(s) for consideration within six months of the escrow closing date.
- The application is subject to further reviews and the amount of supplement will be determined based on the distance between the purchased primary residence to the primary work location and the last 12-month median price of a condominium in Orange County that is set in June of each year for the remainder of the fiscal year.
- I have read and understand the Annual Requirement paragraph of the Faculty Housing Assistance Program policy. I also understand that if I elect to receive the lump sum supplement and resign or am terminated prior to the completion of 5 years of service, I will be required to repay via a payroll deduction from my final paycheck the supplement based on the percentages in the monthly installment schedules shown in the policy. I understand that if the amount of my final paycheck is insufficient to recover the full repayment, it is my responsibility, and I agree to remit the balance due to Chapman University through the Cashier’s Office of Chapman University by my last day of active employment with Chapman University.

By signing below, I acknowledge that I have read, understand and agree to the entire Faculty Housing Assistance Program policy.

Signature _____ Date _____

Notes:

¹Distance from home will be calculated based on a faculty member's primary work location (i.e. Orange or Rinker Campus)

²The election is final once the application is approved and processed for the first payment. All payments will be made through the faculty member’s regular payroll check, and all federal, state, and local tax regulations are applicable.

Employee Instructions:

1. Read and complete Section One in its entirety, sign and date it, then forward to the Office of Faculty Affairs.
2. Submit the required documents to substantiate your home purchase to the Office of Human Resources. Supporting documents may include original purchase grant deed, final buyer/seller settlement statement and/or final escrow statement.

Section Two

To be completed by the Provost:

“I certify that the above listed faculty member is employed by Chapman University as a tenured or tenure-track faculty member.”

X _____
Signature of the Provost

Certification Date

Attention: Office of Faculty Affairs, please forward to the Office of Human Resources.

Revised 5/27/16