

EXHIBIT A

**Employer-Assisted Housing Benefit Plan
Employer-Assisted Housing Loan Application**

Today's Date _____ (Date of filing with the Human Resources Department)

By signing this Application, I acknowledge that I received, read and understand the EAH Benefit Plan Description, and agree to comply with the terms and conditions of the Plan.

I. EMPLOYEE INFORMATION

Name _____ SSN _____

Department _____ Mailstop _____

Title _____ Level _____

Region _____ Employee # _____ Cost Center _____

Telephone (home) (____) _____

(work) (____) _____

(fax) (____) _____

Current Date of Hire (Regular Status) _____

I am applying for the following EAH Benefit Loan(s) (check all that apply):

Standard EAH Benefit Loan in the amount of \$ _____

Other: _____ in the amount of \$ _____

Current Address _____

Property to be Purchased

Address _____

Purchase Price \$ _____ (attach copy of fully executed Property Purchase Contract)

The Property is already built being built for me.

The Closing Date is scheduled for _____

The Construction Completion Date is n/a scheduled for _____

Mortgage Lender(s) Information (if Applicable)

Lender Name _____

Address _____

Telephone Number _____ Fax _____

Contact Person _____ E-mail _____

Subordinate Lender Name _____

Address _____

Telephone Number _____ Fax _____

Contact Person _____ E-mail _____

Broker Name (if applicable) _____

Address _____

Telephone Number _____ Fax _____

Contact Person _____ E-mail _____

III. REPRESENTATIONS

I represent, promise and confirm that I am Eligible for the EAH Benefit Loan(s) described in Section II of this Application: I represent, promise and confirm that

yes no

1. As of the date of this Application, I have at least ninety (90) days of Consecutive Service as a Regular Employee, and I am in Good Standing.

yes no

2. My level is [describe].

yes no

3. I have not received notice under the Discretionary Severance Benefit Plan that my job is being eliminated.

yes no

4. I do not have pending an application to participate in a voluntary severance arrangement with the employer.

yes no

5. I will use the Loan proceeds only for the purpose(s) that are checked below:

- partial payment of the Property Purchase Price
- permanent interest rate buy down on my Related Mortgage
- closing costs on my Related Mortgage

- yes no **6.** I will occupy the Property as my principal residence within a reasonable period of time following the Closing Date, but in no event more than 90 days following the Closing Date or, if I am building the Property, not more than 90 days following the date construction is complete.
- yes no **7.** No one who will be an owner of the Property, or be liable on a Related Mortgage, is now an owner of the Property.
- yes no **8.** This EAH Benefit Loan will be my first and only.

IV. ACKNOWLEDGMENTS

I am applying for an EAH Benefit Loan under the EAH Benefit Plan. All statements made in this Application are true and correct; this Application contains no false statements, misrepresentations, or omissions of fact; these statements are made with the purpose of obtaining an EAH Benefit Loan under the EAH Benefit Plan. Any false statements, misrepresentations, or omission of fact in this Application may disqualify me for an EAH Benefit Loan, and may result in disciplinary action, including termination of my Employment at the employer.

I authorize the Mortgage Lender(s), the employer, the Federal Credit Union, or any Person designated by the employer to verify all information I submit in connection with this Application. I authorize the release to Mortgage Lender(s), the employer, the Federal Credit Union, or any Person designated by the employer of information about me to confirm that I am Eligible for an EAH Benefit Loan. I authorize the release of the Employee Certification and the Related Mortgage Information to the Mortgage Lender(s), the employer, the Federal Credit Union, or any Person designated by the employer. I authorize the employer, the Federal Credit Union, any Person designated by the employer, or any Servicer to obtain a Consumer Report when administering or collecting any EAH Benefit Loan I owe, and to obtain any other information about my income, my assets and my liabilities.

Deliberate false statements in this Application may be a federal crime punishable by fine or imprisonment, or both under Title 18, United States Code, Section 1014.

**BY SIGNING THIS APPLICATION,
YOU ACKNOWLEDGE RECEIVING, READING,
UNDERSTANDING, AND AGREEING TO
THE TERMS AND CONDITIONS OF
THE BENEFIT PLAN DESCRIPTION.**

(Date)

(Signature)

Attachments (must have all attachments before submitting Application):

- Fully executed Property Purchase Contract
- Completed EAH Program Participant Review