*Eligibility: This program is open to all benefits-eligible UMass Lowell employees who are employed by the University for at least six months and are relocating to a residence in the City of Lowell from outside of the city. New hires are eligible but must also complete six months of service prior to receiving this benefit.*

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| **Employee Information – Please Print** |  |
| Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Employee Payroll ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Collective Bargaining Unit\* (Union): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | *\*If none, indicate non-unit* |
| Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Phone # (*\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |

**Type of Benefit Reimbursement Requested:**

**RENTAL INCENTIVE: \_\_\_\_\_\_\_\_\_\_\_\_\_ $1,000** taxable reimbursement via payroll

Must complete six months of benefited service and attach a copy of signed lease agreement for at least a 12-month term for a property in the City of Lowell. A copy of a utility bill or similar document that establishes proof of residency at this rental property must be submitted with this application.

**Please note:** The University strongly encourages all potential Renters to obtain from any prospective landlord a copy of the current, valid permit documenting compliance with the City of Lowell’s Rental Property Ordinance (Chapter 176 of the City of Lowell Code of Ordinances, <http://ecode360.com/12360647>). Copies of permits can be obtained from the Landlord or the City of Lowell Division of Development Service**s.**

**HOMEBUYERS INCENTIVE: \_\_\_\_\_\_\_\_ $1,500** taxable reimbursement via payroll

Must complete six months of benefited service and present a copy of recorded property deed and a utility bill or similar proof of residency at this Lowell property.

**University Disclaimer:** Any information provided by the University that may afford benefits outside of and in addition to our internal incentive program, are done so as a convenience with the understanding that the University of Massachusetts Lowell (UML) does not warrant or guarantee any of the information or services listed here in. Although care is taken to provide correct information, there may be unintended errors, changes or deletions without notification. Users of this information communicate, contract and do business with individuals, companies, or firms at their own risk. The University, officers, agents, and employees of UML shall not be liable for any errors or omissions made in the compilation or printing of this information.

Users of the information provided  agree to indemnify and hold harmless the University and its Board of Trustees, officers, employees, and representatives from and any all claims, liability, damages, loses, or expenses (including attorney’s and expert’s fees) arising out of or resulting from the injury or death of any person(s) or damage to property.

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| **City of Lowell Property Information:** | If this is a rental property, please provide: |
| Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of Purchase or Lease: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Leasing Company/ Landlord Contact Information:  Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone Number: (\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| I have read the disclaimer and I certify that the information on this form is true and understand that I am eligible for either the rental incentive or the homebuyer’s incentive but not both. I understand that this incentive payment will be taxed as required by state/federal law.  **Employee Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |

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| **Human Resources Use Only:** | |
| Please indicate if employee has the required six months of full-time benefited service? | YES \_\_\_\_\_\_\_\_\_ |
| ***The individual named above is an employee of UMass Lowell and is eligible and approved to receive the following incentive payment of $\_\_\_\_\_\_\_\_\_\_\_\_\_ which is taxable. Benefited Date of Hire: \_\_\_\_\_\_\_\_\_\_\_*** | |
| **Approved By:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Human Resources Benefits Office Date  **Received by Payroll: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pay Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |