**UCSF Nomination for Mortgage Origination Program (MOP) Participation and Allocation Reservation**

**Non-Standard Title Request for Health Sciences Clinical Professor Title Recruitments**

Instructions: Candidates are not to interact with this form. Requests for home loan program support for a named recruit into a Health Science Clinical Professor series title are by exceptional approval under authority delegated by the president to the chancellors. Departments should have consent by the dean’s office and the chancellor’s office before proceeding. This form is to be completed by a department representative, signed by the chair, and submitted to the director of academic affairs in the school’s dean’s office for review and approval. Request submissions must include a copy of the *OLP-84 Approval for Non-Eligible Title* form signed by the chancellor proper. This approval authority cannot be redelegated.

Funding for a home loans for candidates in Health Science Clinical Professor series must be provided by UCSF Health, and a COA for the transfer of funds must be included below. The dean’s office will submit the request to the Home Loan Program Manager*.*  These loans have all the features and criteria of a Mortgage Origination Program loan but will ultimately be funded using the Supplemental Home Loan Program instrument to accommodate the campus funding source. Contact Home Loan Program Manager Wilson Hardcastle at wilson.hardcastle@ucsf.edu with any questions.

|  |  |
| --- | --- |
| **Candidate *(Last Name, First)*** |  |
| Maximum Loan Amount | **$1,500,000** |  | **Eligibility confirmation** |
| Academic Title |  |  |  |
| Academic Department |  |  | • Does the candidate currently own, or has owned in the past 12 months, a primary residence in the Bay Area? **[ ]** No **[ ]** Yes |
| UC Path Employee ID | *(If not yet onboarded, enter UCSF 02 ID)* |  |
| Appointment Date |  |  |
| First UCSF Hire Date |  |  | • Has the candidate been a previous MOP borrower?  **[ ]** No **[ ]** Yes |
| E-mail address |  |  |
|  |  |  |  |  |  |
| **Signed Offer Letter**  | **[ ]** Attached |  | •  **OLP-84 Approval for Non-Eligible Titles****[ ]** Signed form is attached |
| **Appointment final?** | **[ ]** Yes **[ ]** No |  |
|  *If no,* [*Every Expectation Letter*](https://facultyacademicaffairs.ucsf.edu/faculty-life/home-loan-programs/every-expectation-letter) *is attached* ***[ ]***  |  |

COA for UCSF Health Funding Source:

|  |  |
| --- | --- |
| **Was the candidate offered a Faculty Recruitment Allowance Program grant (FRAP)?** |  |
|  **[ ]** No **[ ]** Yes $  |  |
|  Pay period the FRAP was either [ ]  Paid or [ ]  Will Be Paid: **MM/YY**  |  |
|  Payment type: [ ]  Lump Sum or [ ]  Installments  |  |
| (If installments, describe installment plan here.) |  |

**Additional Supplemental Home Loan Program Request**

|  |  |  |
| --- | --- | --- |
| **Supplemental Home Loan Program (SHLP)** **[x]** No **[ ]** Yes |  |  |
| Loan Amount | **$75,000** |  |  |
| Interest Rate | **2.75 % or current minimum** |  |  |  |
| Term | **15 years** |  |  |  |
| COA for transfer |  |  |  |
| *Departments may offer a different loan amount, rate, and term within program guidelines.* *Default values for the standard campus SHLP are prepopulated.*  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |       |  |       |
| Signature of Department Chair |  | Printed name  |  | Date |
|  |  |       |  |       |
| Delegated Dean’s Signature of Concurrence |  | Printed name  |  | Date |