

## CWA DEDUCTION AUTHORIZATION FORMS - INSTRUCTIONS

### Example 1

**Form H-1** is to be used for payroll deduction of COPE and United Way contributions as well as other approved deductions by CWA staff and clerical employees paid regular salaries by the International.

### Example 2

**U.S. Treasury Dept. Form SBD-1928** is printed on both sides and is for the deductions authorized for the purchase of U.S. Savings Bonds.

Series EE Savings Bonds can be purchased through our payroll savings plan. Deductions are taken from the first and second pay period of each month. The purchase price is one-half of the denomination selected and bonds are purchased when the requirement is met.

Forms and additional information are available through the CWA Payroll Department.

### Example 3

**Form H-1C** is to authorize deductions for CWA International Federal Credit Union purposes only.

### Example 4.

**Form PDAF** is to authorize deductions of CWA Staff Union dues from your paychecks. Deductions are taken from the first and second paychecks each month.

### Example 5.

**Form H-1L** authorizes the monthly deduction of your CWA Local Union dues. Deductions are pro-rated from **each** bi-weekly paycheck.

### Example 6.

**Dues Deduction Authorization Card** authorizes the deduction of Local 2, OPEIU, dues from your paycheck. The monthly dues is deducted equally in the first and second pay periods.

Example 1 - Form H-1

**CWA DEDUCTION AUTHORIZATION**

**Secretary-Treasurer**  
501 Third Street, N.W.  
Washington, D.C. 20001

This will authorize deduction from my salary for a total amount  
of \$ \_\_\_\_\_, to be repaid in the amount of \$ \_\_\_\_\_  
( ) Bi-Weekly or ( ) Monthly

Beginning payroll \_\_\_\_\_ ending payroll \_\_\_\_\_.  
For the purpose of \_\_\_\_\_.  
Deductions to be Credited or paid to: \_\_\_\_\_.

Approved: \_\_\_\_\_ Signature \_\_\_\_\_  
H-1 Rev: 8/20/91



EXAMPLE 2 - Form SBD-1928

AUTHORIZATION FOR PURCHASE AND REQUEST FOR CHANGE		FOR AGENCY USE	
SBD 1928		UNITED STATES SERIES EE SAVINGS BONDS	
DATE		PRINT IN INK OR TYPE	
EMPLOYEE'S NAME	(First Name) (Initial) (Last Name)	SOC. SEC. OR EMP. PAYROLL NO.	
DEPARTMENT OR AGENCY	BUREAU OR OFFICE	LOCATION	
A. NEW ALLOTMENT <input type="checkbox"/>	B. INCREASE ALLOTMENT <input type="checkbox"/>	C. CHANGE DENOMINATION <input type="checkbox"/>	D. CHANGE INSCRIPTION <input type="checkbox"/>
E. OTHER ACTION (Describe on reverse) <input type="checkbox"/>			
(If you checked A, B, or C above, complete the following) →	AMOUNT TO BE ALLOTTED EACH PAY PERIOD \$ .....	BOND DENOMINATION \$100 <input type="checkbox"/> \$200 <input type="checkbox"/> \$500 <input type="checkbox"/> \$1000 <input type="checkbox"/>	
<b>BOND INSCRIPTION</b> (If you checked A or D above, complete the following)			
OWNER'S NAME	(First Name) (Middle Name or Initial) (Last Name)	SOCIAL SECURITY NO.	
ADDRESS	(Number and Street)		
	(City or Town)	(State)	(ZIP Code)
(CHECK ONE) CO-OWNER <input type="checkbox"/>	(First Name) (Middle Name or Initial) (Last Name)	SOCIAL SECURITY NO.	
BENEFICIARY <input checked="" type="checkbox"/>			

The furnishing of social security numbers is required by the regulations governing savings bonds, Department of the Treasury Circular, Public Debt Series, Number 3-80 (31 CFR 353). The numbers are used to maintain ownership records of the bonds. Other information requested by this form is also required under the above regulations to establish the rights, authority and/or entitlement of the signers. Failure to furnish any of the required information may prevent completion of the transaction.

**E. OTHER ACTION (Explain)**

**AVERAGE DATING:**

Bonds of \$75 or greater denomination will be dated as of the first day of the month in which the end of a pay period falls and at least half of the purchase price is accumulated.

I hereby authorize the foregoing allotment from my pay with the understanding that U.S. Savings Bonds will be issued as requested. This authorization is to remain in effect until canceled by me in writing or termination of my Federal employment.

EFFECTIVE ON FIRST PAYROLL PERIOD AFTER ....., 19.....	..... Employee's Signature (Must be same as shown on payroll)
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Example 4 - Form PDAF



**CWA BARGAINING UNIT**

**PAYROLL DEDUCTION AUTHORIZATION FORM**

Effective Dues Month \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_  
Please Print (Last) (First) (Middle)

**Secretary-Treasurer  
Communications Workers of America**

**I hereby authorize and direct the Communications Workers of America until further notice from me to deduct from wages due to me at the end of each pay period the dues certified to the Secretary-Treasurer of CWA by the Secretary-Treasurer of the CWA Staff Union.**

**I do also authorize and direct the Communications Workers of America to deduct an initiation fee in the amount certified to the Secretary-Treasurer of CWA by the Secretary-Treasurer of the CWA Staff Union.**

**Each amount so deducted shall be paid by the CWA for me and in my behalf to the CWA Staff Union.**

**Signed:** \_\_\_\_\_

**Approved:** \_\_\_\_\_

Example 5 - Form H-1L

**CWA DUES DEDUCTION AUTHORIZATION**

Secretary-Treasurer  
Communications Workers of America  
501 3<sup>rd</sup> Street, N.W.  
Washington, D.C. 20001-2797

Date: \_\_\_\_\_

This will authorize deductions from my salary each month for membership dues to Local \_\_\_\_\_. Such deductions are to be in an amount that meets the minimum established by the Communications Workers of America Convention or the amount established by the Local whichever may be the greater. This will also authorize that any future change of amount established either by the Convention or the Local be automatically changed by the Communications Workers of America and placed into effect. This authorization shall remain in force and effect until such time it may be cancelled or revoked in writing by me.

Approved: \_\_\_\_\_ Signature: \_\_\_\_\_ Title: \_\_\_\_\_

H-1L 11/00



Example 6 - Dues Deduction Authorization Card

**DUES DEDUCTION AUTHORIZATION CARD**

I hereby authorize and direct \_\_\_\_\_  
(Name of Employer)

to deduct from my pay Union initiation fees and on the \_\_\_\_\_ pay day(s) of each month, Union Membership monthly dues and assessments in the amounts fixed in accordance with the constitution and bylaws of Local No. 2, OPEIU, and/or convention action of the Office and Professional Employees International Union, and to pay same to said Local Union in accordance with the terms of the bargaining agreement between the Employer and the Union.

This authorization may be revoked by me upon the expiration of the existing collective bargaining agreement between the Employer and the Union or upon the expiration of one year from the date hereof, whichever occurs sooner.

Dues, contributions, or gifts to Local 2, Office & Professional Employees International Union, AFL-CIO are not deductible charitable contributions for federal income tax purposes. Dues paid to Local 2, Office & Professional Employees International Union, AFL-CIO, however may qualify as a business expense and may be deductible in limited circumstances subject to various restrictions imposed by the Internal Revenue Code.

Signed \_\_\_\_\_

Date \_\_\_\_\_ Department \_\_\_\_\_



### STANDARD UNION BUSINESS CARD

This card has been adopted as the standard Union business card. They may be secured locally provided this format is used. Accompany any SDR which may include the purchase of this item with sample of the card obtained.

Communications  
Workers of America  
AFL-CIO

501 Third Street, N.W.  
Washington, D.C. 20001-2797  
Phone:  
Fax:  
E-Mail: NAME@cwa-union.org



Name  
Title  
Office



### CWA OFFICIAL IDENTIFICATION CARD

The CWA official identification card is issued by the International President and Secretary-Treasurer only and only to international officers and staff members.

#### COMMUNICATIONS WORKERS OF AMERICA OFFICIAL IDENTIFICATION

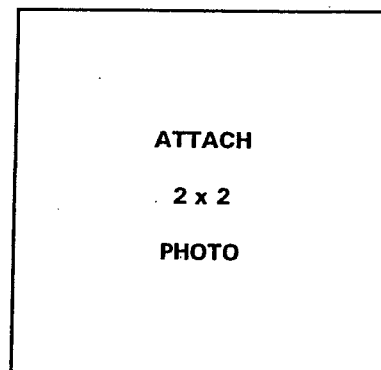
THIS IS TO CERTIFY THAT



WHOSE PHOTOGRAPH AND SIGNATURE ARE AFFIXED  
IS AN AUTHORIZED REPRESENTATIVE OF THE  
COMMUNICATIONS WORKERS OF AMERICA

*Morton Sobel* PRESIDENT      *Barbara Ventulini* SECRETARY/TREASURER

Reverse side of CWA official identification card.



ATTACH

2 x 2

PHOTO

SIGNATURE

FOR VERIFICATION, CONTACT  
COMMUNICATIONS WORKERS OF AMERICA  
501 THIRD STREET, N.W.  
WASHINGTON, D.C. 20001-2797

**APPLICATION FOR EMPLOYMENT  
(STAFF AND PROFESSIONAL)**

In order to provide a uniform system relative to applications for employment with the International Union as staff vacancies arise throughout the Union, a sample copy of the application form to be utilized indicating the interest of an individual in a staff position is attached hereto.

Copies of the attached form may be requested from the respective Vice President's office.

When the application form is completed, it should be forwarded to the respective Vice President's office who, in turn, will retain a copy of the form and forward a copy to the Headquarters Office in order that the Headquarters Office has a record of all persons who have expressed an interest in being considered for staff positions as vacancies arise throughout the Union.

**COMMUNICATIONS WORKERS OF AMERICA**

**APPLICATION FOR EMPLOYMENT**  
(Staff and Professional)

An Equal Opportunity Employer

1. NAME \_\_\_\_\_ S.S. NUMBER \_\_\_\_\_

2. ADDRESS \_\_\_\_\_

3. TEL. NO. \_\_\_\_\_

4. EDUCATION:

	Dates Attended	Program or Major
High School		
College(s)		
Other Courses		

a. For each diploma (or equivalency), accreditation, certificate or degree, list the issuing institution and the date received.

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b. List any awards, honors, etc. you have received:

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c. List any foreign languages in which you have speaking or writing ability and state the level of fluency in each language or category:

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5. List any specific union or labor oriented courses that you have attended, as well as any CWA schools:

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**WORK EXPERIENCE**

6. List positions you have held in CWA or any other labor organization:

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**COLLECTIVE BARGAINING EXPERIENCE**

7. Have you ever bargained a contract or served on a bargaining committee? If yes, describe in detail:

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**ORGANIZING EXPERIENCE**

8. Describe any experience you have had in union organizing:

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**POLITICAL/LEGISLATIVE EXPERIENCE**

9. Describe any experience you have had in political campaigns:

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10. Describe any legislative experience you may have had in support of State or Federal legislation:

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**PUBLIC RELATIONS**

11. Describe any public relations experience you have had, such as issuing press releases. Include copies of material you have written:

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**COMMUNITY SERVICES**

12. Describe any community activities which you believe may be relevant for the position you are seeking:

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13. List any authorized strikes in which you have been engaged:

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14. Additional skills. (Please describe):

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**PREVIOUS EMPLOYMENT**  
(Start with most recent employer)

1) Name \_\_\_\_\_  
Address \_\_\_\_\_  
Type of Work Performed \_\_\_\_\_  
\_\_\_\_\_  
Date Employed \_\_\_\_\_ Date Left \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_  
\_\_\_\_\_

Rate of Pay \_\_\_\_\_ Per Week \_\_\_\_\_

2) Name \_\_\_\_\_  
Address \_\_\_\_\_  
Type of Work Performed \_\_\_\_\_  
\_\_\_\_\_  
Date Employed \_\_\_\_\_ Date Left \_\_\_\_\_  
Reason for Leaving \_\_\_\_\_  
\_\_\_\_\_

Rate of Pay \_\_\_\_\_ Per Week \_\_\_\_\_

**Please state in your own words why you are seeking a staff position with CWA and why you believe you have the qualifications for such a position. Use additional sheets if necessary:**

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**I certify that the information contained in this application is true to the best of my knowledge. I understand and agree to abide by the policy of the Communications Workers of America that staff shall not accept any position or perform any work for themselves or others with or without wages or remuneration that might/could interfere with any policy or assignment of CWA without prior written approval. If applicable, I will request a leave of absence without pay from my previous employer upon accepting employment by CWA.**

**I understand that any falsification of information contained herein or failure to comply with the above-stated policy shall be cause for discipline which could include dismissal.**

**Further, I understand that in accordance with the policy of the union, it is my responsibility to provide reliable transportation and associated insurance requirements while in the active employ of CWA.**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**SIGNATURE**

**To All Applicants for CWA Staff and Professional Positions:**

**Provision of this information is purely voluntary and is furnished for purposes of establishing compliance with applicable local, state and/or federal laws governing equal employment opportunities. This information is not a part of your application and will not be used for you or against you.**

1. Sex: Male \_\_\_\_\_ Female \_\_\_\_\_

2. Race or ethnic group (please check):

- a. African American (Black) \_\_\_\_\_
- b. Native American (including Alaskan natives) \_\_\_\_\_
- c. Asian (including Pacific Islanders) \_\_\_\_\_
- d. Hispanic (including persons of Mexico, Puerto Rico, Cuba, Central or South America, or other Spanish origin or culture regardless of race) \_\_\_\_\_
- e. White (Caucasian, other than Hispanic) \_\_\_\_\_
- f. Other (please specify) \_\_\_\_\_

## CWA PROMOTION PLAN

In order to continue CWA's efforts to place qualified candidates into administrative staff positions and to ensure that placement and promotional decisions reflect the Union's policy of equal employment opportunity, the following procedures will be used to fill all administrative staff vacancies except for Assistants to: Vice President, Executive Vice President, Secretary-Treasurer or President; and Executive Assistants to: Secretary-Treasurer or President.

1. Notice that a vacancy is to be filled will be given to all CWA staff within the administrative unit where the vacancy occurs.

For purposes of this plan, Headquarters shall be considered an administrative unit.

2. Such notice shall be in writing and shall include a description of the position to be filled, the qualifications criteria for the position and instructions on how application can be made.
3. If the process described in paragraphs 1 and 2 above does not produce (or, in the judgment of the President and the Vice President, would not likely produce) a sufficient number of candidates to make a meaningful selection, notice shall be given to all CWA staff throughout the Union.
4. As aids to analyzing the applicant's qualifications related to the criteria established for the position, the following will be considered in filling a vacancy:
  - a. The candidate's application;
  - b. Completed evaluation forms of the applicant by his/her appropriate supervisor(s). A copy of the form to be used is attached.
  - c. The candidate's personnel record; and
  - d. Where appropriate, personal interviews.

**APPLICANT EVALUATION  
FOR POSITION OF**

Applicant: \_\_\_\_\_ Title:

Supervisor: \_\_\_\_\_ Date of Evaluation:

Date of Employment with CWA:

Assign a number (or the letter X) to each of the criteria listed in A-J.

- 1 - Excellent
- 2 - Good
- 3 - Average
- 4 - Below Average
- 5 - Poor
- X - No Opportunity to Observe

A. Leadership (Ability to instill confidence and motivate others to perform to their capacity):

Comments:

B. Interpersonal Relationships (Ability to get along well with staff, other employees and persons outside CWA):

Comments:

C. Integrity (Trustworthiness):

Comments:

D. Self-Control (Ability to perform under pressure):

Comments:

E. Judgment (Shows discretion and ability to arrive at "common sense" decisions):

Comments:

F. Initiative:

Comments:

G. Dependability:

Comments:

H. Administrative Skills (Quality and quantity of work):

Comments:

I. Attendance and Punctuality:

Comments:

J. List applicant's experience, if any, for this position:

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Comments: \_\_\_\_\_ K. Other

## Evaluation for the Position of CWA Staff Representative

Staff Person \_\_\_\_\_

Title \_\_\_\_\_

Supervisor \_\_\_\_\_

Date of Evaluation \_\_\_\_\_

Date of Employment with CWA \_\_\_\_\_

Assign a number (or the letter X) to each of the  
criteria listed in A-I.

- 1 - Excellent
- 2 - Good
- 3 - Average
- 4 - Below Average
- 5 - Poor
- X - No Opportunity to Observe

**A. Leadership — 1 2 3 4 5 X**

*Ability to instill confidence and motivate others to perform to their capacity.*

Comments:

**B. Interpersonal Relationships — 1 2 3 4 5 X**

*Ability to get along well with staff, other employees and persons outside of CWA.*

Comments:

**C. Integrity — 1 2 3 4 5 X**

*Trustworthiness*

Comments:

**D. Self Control — 1 2 3 4 5 X**

*Ability to perform under pressure.*

Comments:

\_\_\_\_\_ **E. Judgement — 1 2 3 4 5 X**

*Shows discretion and ability to arrive at “common sense” decisions.*

Comments:

\_\_\_\_\_ **F. Initiative — 1 2 3 4 5 X**

Comments:

**G. Dependability — 1 2 3 4 5 X**

Comments:

\_\_\_\_\_ **H. Administrative Skills — 1 2 3 4 5 X**

*Quality and quantity of work.*

Comments:

**I. Attendance and Punctuality — 1 2 3 4 5 X**

Comments:

*Approved By*

*Date*

*Employee*

*Date*

cc: Original — Personnel File  
International President  
Employee

*Rev. 01/98*

## **GENERAL OUTLINE OF RULES AND REGULATIONS GOVERNING STAFF TRANSFERS, MOVING, HOME SALE, HOME PURCHASE AND MORTGAGE OFFSET PLANS**

The purpose of these plans is to expedite the transfer of staff employees. It is understood that staff are responsible for all decisions regarding the purchase, sale or relocation of their property.

When a staff person is transferred from one work location to another, expenses associated with the transfer are governed by actions taken by the CWA Executive Board, CWA policy and any applicable provisions of the current agreements with the unions representing our staff employees.

The following information is designed to assist staff, administrative staff and officers as they are required to use or administer the respective plans.

A. CWA staff moves are divided into two categories:

1. A move initiated by the employer (this includes a move that is required because of being elected to an international office.)
2. A move that is initiated at the request of the staff employee (this includes any move as a result of exercising the bidding process provided in a collective bargaining agreement.)

Staff who exercise this plan under Category #2 are limited to a lifetime maximum of \$25,000 for relocation expenses. This maximum is a composite of any reimbursements under the Moving, Home Sale, Home Purchase and Mortgage Offset Plans.

When an individual is engaged as a staff employee and is required to move to accept the position, CWA will only be responsible for expenses referred to in the transfer and moving portions of this outline.

Upon retirement, officers and administrative staff are eligible to return to the city in which they resided when accepting their first staff assignment or first elected to international office under the following conditions. CWA will provide moving and closing costs on the sale of their residence which are within the limits of the \$30,000 lifetime maximum. CWA will not purchase the home on retirement. CWA will not assume any financial responsibility at the new location following retirement.

### **TRANSFERS**

1. Staff will be informed of their transfer date as much in advance as circumstances will allow.
2. It shall be a priority assignment for staff to find permanent housing at their new work location.

3. Upon arriving at their new work location and for a period of up to ninety (90) days, staff shall be reimbursed housing, meals and miscellaneous expenses consistent with the CWA policy and labor agreements in effect at that time. These expenses are charged to the District account. During this ninety-day period, staff will be reimbursed for actual expenses (transportation, housing, meals) associated with a spouse's visit to the new location for the purpose of selecting suitable housing. Expenses for this visit are to be charged to Account 064.

All requests for reimbursements under any of the plans should be submitted on a separate voucher approved by the administrative head and sent to Headquarters for payment.

### **MOVING EXPENSES**

1. The staff who is being transferred shall contact the Secretary-Treasurer's office to make the necessary moving arrangements. CWA normally has a contract with a national moving company, therefore, staff should not individually contact or enter into any contract with a moving company. The Secretary-Treasurer's office will be directly billed for the move, consequently, some consultation may be necessary with the staff if there are questions regarding the charges.
2. The timing of the move should take into consideration the closing date(s) of the sale, purchase or leasing of property thereby avoiding any storage or additional unloading/loading charges. Storage and additional handling charges will not be the responsibility of CWA.
3. CWA will pay the cost of moving household furnishings from the staff's primary residence by surface common carrier. Reasonable packing and unpacking charges will also be paid. CWA will reimburse the actual expenses associated with the move of one personal vehicle, e.g. gas purchases and tolls. The moving expenses of any additional vehicles, recreational equipment, etc. shall not be paid by CWA. Any charges for moving furnishings over a cumulative weight of 15,000 pounds must have the prior approval of the Secretary-Treasurer.
4. Should the residence not be ready for immediate occupancy at the time of the family's arrival at the new location, CWA will reimburse actual necessary family expenses for a period not exceeding seven days, if this period is within the ninety-calendar-day described in Item 3 of the Transfer Section.
5. CWA will reimburse actual costs associated with utility hook-ups for water, fuel, electricity and telephone. Any deposit requirements or required equipment purchases, e.g., fuel tanks, meters, telephones, etc. are the staff's responsibility.
6. CWA will reimburse the fees associated with a driver's license change for the staff, if such a change is as a result of the move. This reimbursement will not apply to subsequent renewals.

## **HOME SALE PLAN**

The Home Sale Plan applies to staff employees who own their homes and are transferred to a new work location. The plan is available only with respect to homes which staff own and in which they are residing at the time of transfer. It does not apply to any other property the employee may own.

For the purpose of this plan, a "home" is a single family residence, however, a duplex may be included if it is the residence of the employee. The following will not be considered a home for the purpose of this plan:

- A multiple unit apartment or other property occupied by more than two families;
- A mobile home on a rented lot;
- Ownership of shares in a co-operative apartment.

A home is "owned" if the deed to it or a valid contract for its purchase is in the name of the staff, the staff's spouse, or both; or jointly in the name of the staff, and another relative who lives in the staff's household.

Staff employees may elect to sell their homes without using the provisions of this plan. Under these circumstances, CWA will reimburse realtor fees and required closing costs. CWA will not be responsible for any discount points associated with the sale of the home including any mandatory requirements of the seller in cases where the buyer's financing is through a government program or agency.

Staff employees will be eligible for reimbursement of selling costs of their property for a period of up to one year from the effective date of their transfers.

Staff who choose to sell their home themselves are responsible for listing the property with a realtor. However, when listing the home, if it is expected that at a later date the staff member may choose to have CWA purchase the home through the CWA Home Sale Plan, an exception should be made a part of the listing contract. This will avoid the staff being liable for realtor fees if the home is sold through the CWA Plan.

Should staff elect to sell their home in accordance with the Home Sale Plan, CWA will determine a purchase price within sixty (60) days of receiving such notice.

CWA will generally use the services of a professional relocation company. Staff will be advised of the required procedures regarding appraisers, time requirements, etc. at the time they elect to use the plan.

After the necessary appraisals and inspections are completed, the staff will be advised by CWA of the fair market value of the home as determined by the relocation company's procedure. Staff are not to attempt to directly contact the relocation company or any of the selected appraisers. Any questions are to be directed through CWA. Upon receiving all the information from the relocation company, CWA will furnish the staff employee the amount of the fair market value of his home.

If the offer is accepted, CWA will remit to the staff the net amount from the sale. This will take place as soon as all the legal requirements to transfer ownership of the property have been completed. CWA shall bear all costs associated with the transfer of title to CWA.

This offer to purchase will remain in force and effect until either accepted or rejected by the staff or for a period of sixty (60) days from the date of the said offer, whichever first occurs.

If CWA's offer is rejected, staff will remain eligible for costs associated with selling of the home as outlined above for a period of up to one year from the effective date of their transfer.

### **HOME PURCHASE PLAN**

To qualify for reimbursement(s) under this plan, staff must have owned a home as defined in the Home Sale section at the time of their transfer. The new property must also be purchased within one year from the effective date of transfer. Any exceptions to this time period must have prior approval of the CWA Executive Committee.

CWA will only reimburse staff for the necessary and required costs associated with the purchase of a home. This includes such matters as drawing documents, title search, abstracts, recording, mortgages, revenue stamps and legal fees. Matters such as insurance, taxes, pro rate cost of utilities, payments to agents, brokers, etc. are excluded.

CWA will reimburse staff for loan origination fees. Such reimbursements shall not exceed one percent (1%) of the loan amount.

CWA will not reimburse staff for "points," a term used to describe various amounts charged by lending agencies. This includes charges described as service charge, brokerage fee, loan transfer or beneficiary fee, loan prepayment fee, loan discount fee, etc. In addition, CWA does not reimburse staff for any type of mortgage insurance.

### **MORTGAGE OFFSET PLAN**

Payments under this plan are limited to staff who have relocated for one of the following reasons:

- A move that results from an action taken by CWA, e.g., opening, closing, moving an office, changes in work assignment at the direction of CWA;

- Promotions which require relocating;

- Result of a surplus condition being declared by CWA.

In addition, payments are restricted to relocations covered in the Home Sale and Home Purchase Plans.

Payments for a staff who qualifies will be computed as follows:

The mortgage rate of the old residence at the time of relocation is to be subtracted from the mortgage rate of the residence at the new location. This percentage is to be multiplied by the existing balance of the mortgage on the former residence. This figure is then multiplied by five and that amount is paid to the staff.

*Staff are not eligible for payments when relocation as a result of accepting employment, a job bid, or election to an international office.*

**COMMUNICATIONS WORKERS OF AMERICA  
HOME SALE INQUIRY**

Date \_\_\_\_\_

OWNER'S NAME \_\_\_\_\_  
(As shown on Deed)

PROPERTY ADDRESS \_\_\_\_\_

Home Telephone No. \_\_\_\_\_ Business Telephone No. \_\_\_\_\_

New Business Address \_\_\_\_\_ New Business Telephone No. \_\_\_\_\_

If the property to be appraised is unoccupied, where may the appraisers obtain the keys?  
\_\_\_\_\_

**MORTGAGE INFORMATION**

Mortgage Loan Held by \_\_\_\_\_ Loan No. \_\_\_\_\_

Address \_\_\_\_\_ Telephone No. \_\_\_\_\_

Purchase Price: \$ \_\_\_\_\_ Interest Rate \_\_\_\_\_

Mortgages at time of purchase: 1<sup>st</sup> Mortgage \_\_\_\_\_ 2<sup>nd</sup> Mortgage \_\_\_\_\_

1<sup>st</sup> Mortgage \_\_\_\_\_ 2<sup>nd</sup> Mortgage \_\_\_\_\_

Present Payments: (principal) \$ \_\_\_\_\_ (interest) \$ \_\_\_\_\_ (taxes) \_\_\_\_\_

(insurance) \_\_\_\_\_ (other) \_\_\_\_\_

Do you owe on any home improvement loans? \_\_\_\_\_

If "yes" balance still owed: \$ \_\_\_\_\_

Date of construction, if known (otherwise estimate) \_\_\_\_\_

Closing date property purchased \_\_\_\_\_

Do you have any Installment Contracts that would be involved in the sale of the house?  
\_\_\_\_\_

Give  
details \_\_\_\_\_

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PROPERTY DESCRIPTION

Lot Size \_\_\_\_\_ Lot No. (if available) \_\_\_\_\_ Inside or Corner Lot

No. of Rooms \_\_\_\_\_ No. of baths \_\_\_\_\_ No. of bedrooms \_\_\_\_\_ No. of Stories \_\_\_\_\_

Built-ins and Personal Property to be included in Appraised Value \_\_\_\_\_

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Range & Oven: Built-in \_\_\_\_\_ Freestanding \_\_\_\_\_ Garbage Disposal \_\_\_\_\_  
Dishwasher: Built-in \_\_\_\_\_ Freestanding \_\_\_\_\_ Clothes Dryer \_\_\_\_\_  
Clothes Washer \_\_\_\_\_ Refrigerator \_\_\_\_\_ Attic Fan \_\_\_\_\_ Bolted Mirror(s) \_\_\_\_\_  
Air Conditioner: (central) \_\_\_\_\_ (window units) \_\_\_\_\_ Ceiling Fans \_\_\_\_\_

Draperies \_\_\_\_\_ (rooms) \_\_\_\_\_

Other \_\_\_\_\_

Is the property now listed with a Real Estate Broker? Yes \_\_\_\_\_ No \_\_\_\_\_

If "yes" give date listed \_\_\_\_\_ Date Listing Expires \_\_\_\_\_

If your property is presently listed, is there an exclusion to allow you to exercise your right under the CWA Home-Sale and Purchase Plan without incurring a commission?  
Yes \_\_\_\_\_ No \_\_\_\_\_

NOTE: If you have a copy of your last Tax Bill and a copy of your Property Survey, please make them available to appraisers.  
This will help to expedite the appraisal process.

Signed \_\_\_\_\_

Title \_\_\_\_\_

Original White - Mail to Secretary-Treasurer  
Green Copy - Mail to District Vice President  
Yellow Copy - For Originator's File