



FACULTY OF MEDICINE

DEAN'S OFFICE, FACULTY AFFAIRS

## Addendum to Housing Assistance Program

*To be completed where the Department/School/Centre is contributing to the housing assistance program for one of their eligible faculty members.*

Name of Faculty Member: \_\_\_\_\_

Rank & Term Type: \_\_\_\_\_

Department/School/Centre: \_\_\_\_\_

Funding Source (PG/ Speedchart): \_\_\_\_\_

Percentage of Coverage provided: \_\_\_\_\_

The Department/School/ Centre guarantees its share of the benefit expenses incurred by UBC for supplying this housing assistance.

\_\_\_\_\_

Name and Signature of Department Head/School Director/Centre Director

Date (mm/dd/yy)\_\_\_\_\_