

**STATEMENT OF ELIGIBILITY FOR PARTICIPATION IN THE  
CHFA TEACHERS' MORTGAGE ASSISTANCE PROGRAM**

**Effective July 1, 2016 through June 30, 2017**

I hereby certify that: \_\_\_\_\_  
(Name of Applicant)

Check only one box:

- Holds a valid Connecticut certificate, is employed as a teacher in his/her respective endorsement area(s) and is employed as a teacher in a priority school district or transitional school district as designated by the Connecticut School Improvement Initiative.

~ OR ~

- Holds a valid Connecticut certificate and is employed as a teacher in his/her respective endorsement area(s) in one of the following 2016-17 identified certification endorsement shortage areas:

Check only one box:

- |                                                                |                                                          |
|----------------------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> Bilingual Education, PK-12            | <input type="checkbox"/> School Psychologist             |
| <input type="checkbox"/> Comprehensive Special Education, K-12 | <input type="checkbox"/> Science, 7-12                   |
| <input type="checkbox"/> Intermediate Administrator            | <input type="checkbox"/> Speech and Language Pathologist |
| <input type="checkbox"/> Mathematics, 7-12                     | <input type="checkbox"/> Technology Education, PK-12     |
| <input type="checkbox"/> School Library and Media Specialist   | <input type="checkbox"/> World Languages, 7-12           |

Signed: \_\_\_\_\_  
(*Original Signature of: Superintendents of Schools, Charter School Directors, Principals of Endowed & Incorporated Academies, Executive Directors of Regional Educational Service Centers, or Directors of State Approved Non-Public Special Education Facilities*)

Name & Title of Signatory: \_\_\_\_\_

School District: \_\_\_\_\_

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

Lender: \_\_\_\_\_

NMLS ID: \_\_\_\_\_

Loan Originator: \_\_\_\_\_

NMLS ID: \_\_\_\_\_