

**Statement of Eligibility  
for Participation in the  
CHFA Teachers Mortgage Assistance Program**

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 2009-2010 identified certification endorsement shortage areas:

- (Check One)      \_\_\_\_\_ Bilingual Education, PK-12  
                          \_\_\_\_\_ Comprehensive Special Education, K-12  
                          \_\_\_\_\_ English, 7-12  
                          \_\_\_\_\_ Intermediate Administrator  
                          \_\_\_\_\_ Library Media Specialist  
                          \_\_\_\_\_ Mathematics, 7-12  
                          \_\_\_\_\_ Music, PK-12  
                          \_\_\_\_\_ Science, 7-12  
                          \_\_\_\_\_ Speech and Language Pathology  
                          \_\_\_\_\_ 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, Directors of State Approved Non-Public Special Education Facilities)

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

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

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