

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 2010-2011 identified certification endorsement shortage areas:

- (Check One) _____ Bilingual Education, PK-12
 _____ Comprehensive Special Education, K-12
 _____ English, 7-12
 _____ Intermediate Administrator
 _____ Mathematics, 7-12
 _____ Music, PK-12
 _____ Remedial Reading and Language Arts, 1-12
 _____ School Psychologist
 _____ 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: _____

