

STATEMENT OF ELIGIBILITY FOR PARTICIPATION IN THE CHFA POLICE HOMEOWNERSHIP PROGRAM

POLICE OFFICER/APPLICANT: _____
(Print Name)

CURRENT ADDRESS: _____

EMPLOYER: _____ **BADGE #:** _____

Check only one box:

- Applicant is a full or part-time **Municipal Police Officer** who is employed in, and intends to purchase a home in, the same participating city/town in the State of Connecticut.
- Applicant is a full or part-time **State Police Officer** purchasing a home in any participating city/town in the State of Connecticut.

LOCATION OF HOME TO BE PURCHASED

_____ / _____
(Street) *(City / State / Zip)*

THE PROPERTIES CENSUS TRACT #: _____ *(Eligible Census Tract Required)*

This town or municipality [in location address above] is a participant in the CHFA Police Homeownership Program and has designated the following census tract areas as eligible for participation in this program:

_____, as adopted
by city/town council on _____.

If your town does not participate, please call CHFA and we will work with your town on participating in this program. Some municipalities offer grants to cover closing costs. Police Officers are encouraged to check with their city or town.

DATE: _____

(Authorized Town Officials Signature)

(Printed Name)

(Title)