

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

**Effective July 1, 2017 through June 30, 2018**

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 2017-2018 identified certification endorsement shortage areas:

Check only **one** box:

- |  |  |
|--|--|
| <input type="checkbox"/> Bilingual Education, PK-12                                | <input type="checkbox"/> Science, 7-12                   |
| <input type="checkbox"/> Comprehensive Special Education, K-12                     | <input type="checkbox"/> Speech and Language Pathologist |
| <input type="checkbox"/> Mathematics, 7-12   | <input type="checkbox"/> Technology Education, PK-12     |
| <input type="checkbox"/> Occupational Subject, Vocational<br>Technical High School | <input type="checkbox"/> TESOL, 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: \_\_\_\_\_

~ **Submit Original to CHFA** ~