

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

Effective July 1, 2018 through June 30, 2019

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 2018-2019 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
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** ~