

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

Effective July 1, 2019 through June 30, 2020

I hereby certify that: _____
(Name of Applicant)

Per Section 8-265pp of the Connecticut General Statutes, as amended by Public Act 19-74 (Eff. July 1, 2019), a mortgage assistance program is provided for the purchase of a primary residence for certified teachers who:

Check only one box:

Holds a valid Connecticut certificate and;

- Is employed as a teacher in a priority or transitional school district;
- Is employed by the State of Connecticut in a technical high school that is located in a priority or transitional school district;
- Graduated from a public high school in an educational reform district as defined in Section 10-262u of the Connecticut General Statutes;
- Graduated from a historically black college or university or a Hispanic-serving institution;

~ OR ~

- Holds a valid Connecticut certificate and is employed as a teacher in his/her respective endorsement area/s in one of the following 2019-2020 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 |

In the case of certified teachers teaching in a priority or transitional school district, or in a technical high school located in a priority or transitional school district, the dwelling must be located in the district in which the school is located.

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: _____