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

Effective July 1, 2020 through June 30, 2021

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 2020-2021 identified certification endorsement shortage areas:

Check only one box:

☐ Bilingual Education, PK-12
☐ Science, 7-12
☐ Comprehensive Special Education, K-12
☐ Speech and Language Pathologist
☐ Mathematics, 7-12
☐ Technology Education, PK-12
☐ Occupational Subject, Vocational
☐ TESOL, PK - 12
Technical High School
☐ World Languages, 7-12
☐ School Library and Media Specialist

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: ____________________________