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 school district;

☐ Is employed by the State of Connecticut in a technical high school that is located in a priority school district;

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

☐ 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, PreK-12
☐ Science, 4-12
☐ Mathematics, 4-12
☐ Speech & Language Pathologist, PreK-12
☐ Special Education*, PreK-12
☐ Technology Education**, PreK-12
☐ School Library & Media Specialist**, PreK-12
☐ TESOL, PreK-12
☐ School Psychologist, PreK-12
☐ World Languages, 7-12
☐ World Languages, 7-12

* Special Education shortage area designation comprises Partially Sighted, Deaf/Hard of Hearing, Blind, and Comprehensive Special Ed. teaching endorsement codes.

**The Alliance District program is a unique and targeted investment in Connecticut’s 33 lowest-performing districts. (See CT General Statute Section 10-262u).

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: ___________________________