

**Hartford Hospital**

**Homeownership Incentive Program (HIP) Application**

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This application must be filled out completely and submitted to Dianne LePore, either in person at the Human Resources office, 195 Retreat Avenue, by email to dianne.lepore@hhchealth.org or by fax to 860-545-2351. If your application is submitted other than in person, please follow up to confirm receipt. Applications will be date and time stamped when they are received. Please review carefully; only completed applications will be forwarded for consideration. If incomplete, you will need to reapply, which may affect your place in this first-come, first-serve process. Human Resources will forward verified applications in the order in which they were received to Dean Iaiennaro, 860-493-1618, the HIP Manager. You will be contacted by the HIP Manager to notify you if your application is approved.

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Name (print) Employee Number

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 Department Name Cost Center

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 Work Phone Home Phone Email Address

If you have already identified a home (or homes) for purchase, please list the address(es):

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Homes can be purchased in the Frog Hollow, South Green and Barry Square neighborhoods, in addition to parts of the following neighborhoods: Parkville, Behind the Rocks, Southwest, South End, South Meadows and Sheldon-Charter Oak. To view the actual boundaries and obtain information about HIP, go to the Intranet page, Human Resources/Employees Support Programs/Homeowners Incentive Program (<http://intranet.harthosp.org/hh/docs/7611?route=9>).

**A mortgage pre-approval letter must be submitted with this application.**

Have you obtained a pre-approval letter from your bank? Yes ⁭ No ⁭

Name/address of bank: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Certification:

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|  I confirm that I meet the eligibility requirements: * I have been employed full-time for at least one year at the time of this application.
* I am “in good standing” (most recent Performance Review is not rated “Below Expectation” and not in any step of the Performance Improvement process).

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**Human Resources Use Only**

Date/Time Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Eligibility verified: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature Date