

Hartford Hospital Homeownership Incentive Program (HIP) Application

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.

Name (print)

Employee Number

Department Name

Cost Center

Work Phone

Home Phone

Email Address

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

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:

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).

Signature

Date

Human Resources Use Only

Date/Time Received: _____ Eligibility verified: _____
Signature _____ Date _____