



Received Date/Time _____

Connecticut Children's Medical Center Home Ownership Incentive Program Application

This application must be filled out completely and returned, along with the pre-approval letter from your bank, by scanning or faxing to:

Dean Iaiennaro, HIP Manager, Southside Institutions Neighborhood Alliance

Email: DIaiennaro@sinainc.org

Fax: (860) 520-1359

Name

Employee I.D. #

Department Name

Phone

Email address

Eligibility Requirements

Connecticut Children's employees must meet the eligibility requirements for HIP participation. These requirements include:

- ✓ The applicant must have been continuously employed by Connecticut Children's Medical Center, Connecticut Children's Specialty Group or CCMC Affiliates (Connecticut Children's) for at least one year as of the date of this application.
- ✓ During the past twelve months of employment at Connecticut Children's, the applicant must have worked an average of 20 hours per week or more.
- ✓ As of the date of this application, the applicant must not have an active Performance Improvement Plan (PIP/PIPE) in place.

Dean Iaiennaro at SINA is the HIP Manager. He will contact Connecticut Children's Human Resources Department to verify that you meet the eligibility requirements for HIP.

Neighborhood Requirements

Participation in HIP requires the applicant to purchase a home (single or multi-family) or condominium in or near the Barry Square, Frog Hollow or South Green neighborhoods of Hartford. To be eligible for the forgivable loan, the applicant must agree to occupy the home or condo for at least five years. If you have already identified a property that you want to purchase, please provide the street address below:

Street address of property I want to purchase (if applicable):

Mortgage Commitment Requirement

Have you have obtained a mortgage commitment from your bank? Yes____ No_____

Name of bank: _____

Other Legal Requirements

An applicant must meet any other legal requirements, including but not limited to tax requirements, that may pertain to his/her particular circumstances.

To the best of my knowledge, all information I have provided on this application is true.

I believe that I am eligible to participate in HIP and I hereby authorize Dean Iaiennaro, HIP Manager, to contact Connecticut Children’s Human Resources Department to confirm my eligibility.

Signature of applicant: _____

Date: _____

Questions?

If you have questions about HIP or the application process, you can contact Dean Iaiennaro, HIP Manager, at 860-493-1618, or any of these Connecticut Children’s employees:

- Jane Baird, Director of Government Relations, at 860-837-5557
- Steve Balcanoff, Community Programs Manager, at 860-837-5671
- Larry Milan, VP of Human Resources, at 860-837-6104

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