

**Hartford Hospital
Home Ownership Incentive Program
Application**

This application must be filled out completely and returned in person to Chelsea Jones in HR Administration office – Off shift employees please slip the application under the door. Applications will be time and date stamped when they are received.

Name

I.D. #

Department Name

Cost Center

Phone

email address

Please indicate the neighborhood where you have identified the house you wish to purchase:

- Frog Hollow – address: _____
- South Green – address: _____
- Barry Square – address: _____
- Other – address: _____

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

Name of bank: _____

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 expectations” and not in any step of the Performance Improvement process)

Signature

Date

Please review carefully – only completed applications will be forwarded for consideration. If incomplete, you will need to reapply, which will affect your place in this first-come, first-serve process.

Human Resources Use Only

Eligibility verified: _____
Signature

Date

Human Resources will forward verified applications in the order in which they were received to Dean Iaiennaro, 860-493-1618, who is the HIP Manager. You will be contacted by the HIP Manager to verify your eligibility.