

Greater Opportunities, INC.
CAP INTAKE FORM – HOUSING

Date: _____

Program Information

Enrolling Agency: Greater Opportunities, INC. Program: _____

APPLICANT/HEAD OF HOUSEHOLD INFORMATION

First Name: _____ **Last Name:** _____ **Gender:** _____ **DOB:** _____

SSN: _____ TANF WIC Food Stamps/SNAP **Military Status:** Active Duty Veteran

Primary Language: African Languages American Sign Language Arabic
 Dutch English Far Eastern Asian Language French Creole Korean
 Kurdish Middle Eastern/Indic Pacific Island Languages Spanish Turkish
 Vietnamese
Secondary Language: African Languages American Sign Language
 Arabic Dutch English Far Eastern Asian Language French Creole
 Korean Kurdish Middle Eastern/Indic Pacific Island Languages Spanish
 Turkish Vietnamese

Ethnicity: Hispanic or Latino
Race: Asian Black White
 Middle Eastern Multiple Ethnicities
 Native American Pacific Islander
 Other _____

Education Level: No High School Some High School
 Grade 9 Grade 10 Grade 11 Grade 12 High School
Graduate GED Some College/Vocational/Associates
Degree College Degree or Training School Certificate
 Bachelor or Advanced Degree ESL Unknown
Education Completion Date: _____
 Completed Job training Program, Professional Certificate or
License Program Completion Date: _____

Employment Status: Farmer Full-time & Training Employed
Full-time Homemaker Job Training/School (PT) Migrant
Farm Worker Part-time & Training Employed Part-time
 Retired or Disabled Employed Seasonally Seasonal Farm
Worker Self-Employed Unemployed (Not if Labor Force)
 Unemployed (Short-term: Less than 6 mo.) Unemployed
(Long-term: More than 6 mo.) Unknown
Employer/School Name: _____
Income: _____ Weekly Monthly Bi-Monthly Yearly
HIRE DATE: _____ **TITLE:** _____

Contact Information
Home Phone: _____ Email Address: _____ Consent to receive text messages
Mobile Phone: _____ Work Phone: _____

Address: Permanent Temporary Mailing

County: _____ School District: _____

Address: Permanent Temporary Mailing

County: _____ School District: _____

HOUSEHOLD INFORMATION

Family Structure:
 Single Parent/Person
 Two-Parent/Persons

Marital Status:
 Married Single Divorced
 Widowed Separated
 Other _____

Head Of Household Info: (You Are :)
Parent(s)/Guardian(s) Best Descriptor:
 Mother Father Parents
 Grandparent(s) Relative Other than
Grandparent(s) Foster Parent(s)
 Step Parent
 Other _____

Family Type: Single Parent/Female
 Single Parent/Male Two-Parent
Household Two-Parent Unmarried
 Single Person Two Adults (No
Children) Non-related Adults with
Children Multigenerational Household
 Unknown/Not Reported
 Other _____

Number in Family (*Supported by PCG
Income): _____
Number in Household (*Total number of
people in the home): _____

Disabled: Unknown Yes No
Mental Health Treatment: Yes No
Medical Insurance: Yes No
Insurance Carrier: _____

Pregnant Mother Before Enrollment
(EHS Pregnant Services ONLY)
Expected Delivery Date: _____

| | | |
|--|---|--|
| Current Housing: <input type="checkbox"/> Homeless <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other <input type="checkbox"/> Other Permanent Housing <input type="checkbox"/> Unknown/Not Reported Current Housing Date: _____ | Previous Housing: <input type="checkbox"/> Homeless <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Other <input type="checkbox"/> Other Permanent Housing <input type="checkbox"/> Unknown/Not Reported | <input type="checkbox"/> Moved in the last 24 months <input type="checkbox"/> Maintained Independent Living <input type="checkbox"/> HEAP Housing Type: <input type="checkbox"/> Apartment <input type="checkbox"/> House <input type="checkbox"/> Duplex <input type="checkbox"/> Mobile Home <input type="checkbox"/> Shelter <input type="checkbox"/> Other Housing Cost: _____ |
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Recruitment Activity

| | | | |
|---|--|--|---|
| <input type="checkbox"/> Child Welfare Agency <input type="checkbox"/> Family/Friend <input type="checkbox"/> Local Community Agency Referral <input type="checkbox"/> Physician/Dentist <input type="checkbox"/> PSA | <input type="checkbox"/> Walk In <input type="checkbox"/> Community Event <input type="checkbox"/> Flyer from School <input type="checkbox"/> Mailings <input type="checkbox"/> Placemat Advertisement <input type="checkbox"/> School District | <input type="checkbox"/> Website <input type="checkbox"/> Community Partner Referral <input type="checkbox"/> Flyers/Posters <input type="checkbox"/> Other _____ <input type="checkbox"/> Posters/Banners/Lawn signs <input type="checkbox"/> Social Media | <input type="checkbox"/> Drive By <input type="checkbox"/> Former Parent <input type="checkbox"/> Other Head Start <input type="checkbox"/> Public Ads <input type="checkbox"/> State Preschool |
|---|--|--|---|

CO-APPLICANT/SPOUSE INFORMATION (IF APPLICABLE)

| | | | |
|--------------------------|-------------------------|----------------------|-------------------|
| First Name: _____ | Last Name: _____ | Gender: _____ | DOB: _____ |
|--------------------------|-------------------------|----------------------|-------------------|

| | | |
|------------|--|--|
| SSN: _____ | <input type="checkbox"/> TANF <input type="checkbox"/> WIC <input type="checkbox"/> Food Stamps/SNAP | Military Status: <input type="checkbox"/> Active Duty <input type="checkbox"/> Veteran |
|------------|--|--|

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|---|--|
| Primary Language: <input type="checkbox"/> African Languages <input type="checkbox"/> American Sign Language <input type="checkbox"/> Arabic <input type="checkbox"/> Dutch <input type="checkbox"/> English <input type="checkbox"/> Far Eastern Asian Language <input type="checkbox"/> French Creole <input type="checkbox"/> Korean <input type="checkbox"/> Kurdish <input type="checkbox"/> Middle Eastern/Indic <input type="checkbox"/> Pacific Island Languages <input type="checkbox"/> Spanish <input type="checkbox"/> Turkish <input type="checkbox"/> Vietnamese Secondary Language: <input type="checkbox"/> African Languages <input type="checkbox"/> American Sign Language <input type="checkbox"/> Arabic <input type="checkbox"/> Dutch <input type="checkbox"/> English <input type="checkbox"/> Far Eastern Asian Language <input type="checkbox"/> French Creole <input type="checkbox"/> Korean <input type="checkbox"/> Kurdish <input type="checkbox"/> Middle Eastern/Indic <input type="checkbox"/> Pacific Island Languages <input type="checkbox"/> Spanish <input type="checkbox"/> Turkish <input type="checkbox"/> Vietnamese | Ethnicity: <input type="checkbox"/> Hispanic or Latino Race: <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Multiple Ethnicities <input type="checkbox"/> Native American <input type="checkbox"/> Other <input type="checkbox"/> Pacific Islander |
|---|--|

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|---|--|
| Education Level: <input type="checkbox"/> No High School <input type="checkbox"/> Some High School <input type="checkbox"/> Grade 9 <input type="checkbox"/> Grade 10 <input type="checkbox"/> Grade 11 <input type="checkbox"/> Grade 12 <input type="checkbox"/> High School Graduate <input type="checkbox"/> GED <input type="checkbox"/> Some College/Vocational/Associates Degree <input type="checkbox"/> College Degree or Training School Certificate <input type="checkbox"/> Bachelor or Advanced Degree <input type="checkbox"/> ESL <input type="checkbox"/> Unknown Education Completion Date: _____ <input type="checkbox"/> Completed Job training Program, Professional Certificate or License Program Completion Date: _____ | Employment Status: <input type="checkbox"/> Farmer Full-time & Training <input type="checkbox"/> Employed Full-time <input type="checkbox"/> Homemaker <input type="checkbox"/> Job Training/School (PT) <input type="checkbox"/> Migrant Farm Worker <input type="checkbox"/> Part-time & Training <input type="checkbox"/> Employed Part-time <input type="checkbox"/> Retired or Disabled <input type="checkbox"/> Employed Seasonally <input type="checkbox"/> Seasonal Farm Worker <input type="checkbox"/> Self-Employed <input type="checkbox"/> Unemployed (Not in Labor Force) <input type="checkbox"/> Unemployed (Short-term: Less than 6 mo.) <input type="checkbox"/> Unemployed (Long-term: More than 6 mo.) <input type="checkbox"/> Unknown Employer/School Name: _____ Income: _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Monthly <input type="checkbox"/> Yearly |
|---|--|

| | | |
|----------------------|----------------------|---|
| Contact Information: | Email Address: _____ | <input type="checkbox"/> Consent to receive text messages |
| Home Phone: _____ | Mobile Phone: _____ | Work Phone: _____ |

| | |
|---|---|
| Address: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Mailing _____ _____ County: _____ School District: _____ | Address: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Mailing _____ _____ County: _____ School District: _____ |
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|---|---|
| Disabled: <input type="checkbox"/> Unknown <input type="checkbox"/> Yes <input type="checkbox"/> No Mental Health Treatment: <input type="checkbox"/> Yes <input type="checkbox"/> No Medical Insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No Insurance Carrier: _____ | Relation to Applicant: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Parents <input type="checkbox"/> Grandparent(s) <input type="checkbox"/> Relative Other than Grandparent(s) <input type="checkbox"/> Foster Parent(s) <input type="checkbox"/> Other |
|---|---|

OTHER HOUSEHOLD MEMBER INFORMATION

| | | | |
|--------------------------|-------------------------|----------------------|-------------------|
| First Name: _____ | Last Name: _____ | Gender: _____ | DOB: _____ |
|--------------------------|-------------------------|----------------------|-------------------|

| | | |
|------------|--|--|
| SSN: _____ | <input type="checkbox"/> TANF <input type="checkbox"/> WIC <input type="checkbox"/> Food Stamps/SNAP | Military Status: <input type="checkbox"/> Active Duty <input type="checkbox"/> Veteran |
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I authorize Greater Opportunities, Inc. to:

- A) Pull my/our credit report to review my/our credit file for housing counseling in connection with my pursuit on a loan to purchase real property;
- B) Pull my/our credit report and review my/our credit file for informational inquiry purposes; and
- C) Obtain a copy of HUD-1 Settlement, Appraisal, and Real Estate Note(s) when I purchase a home, from the lender who made me/us a loan and/or the title company that closed the loan.

I/We understand that any intentional or negligent representation(s) of the information contained on this form may in civil liability under the provisions of Title 18, United States Code, Section 1001.

If at any point of this program, Greater Opportunities, Inc. becomes aware for any reason that any information you have provided Greater Opportunities, Inc. is untrue or inaccurate, Greater Opportunities, Inc. has the right to immediately terminate your eligibility to participate in this program.

Applicant Date

Co-Applicant Date

