Greater Opportunities, INC. CAP INTAKE FORM – HOUSING

_			
	÷	-	٠
1 1 1	н	е	

Program Information					
Enrolling Agency: Greater Opportunities, INC. Program:					
APP	LICANT/HEAD OF HC	USEHOLD INFORMATI	ON		
First Name:	Last Name:		Gender:	<mark>DOB:</mark>	
<u>SSN</u> :	□TANF □WIC □Food Stamps/SNAP		Military Status: 🗆 A	ctive Duty □Veteran	
Primary Language: African Languages American Sign Language Aral Dutch English Far Eastern Asian Language French Creole Korean Kurdish Middle Eastern/Indic Pacific Island Languages Spanish Turk 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 Spa			Ethnicity: Hispanic or Latino Race: Asian Black White Middle Eastern Multiple Ethnicities Native American Pacific Islander Other		
□Grade 9 □Grade 10 □Grade 11 □Grade 12 □High School Fu Graduate □GED □Some College/Vocational/Associates Fa Degree □College Degree or Training School Certificate □R □Bachelor or Advanced Degree □ESL □Unknown Wa Education Completion Date: □L □Completed Job training Program, Professional Certificate or L License Program Completion Date: In		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			□Consent to receive text messages		
-lome Phone: Mobile Phone:		Work Phone:			
Address: _ Permanent _ Temporary _ Mailing Address: _ Pe		Address: Permane	anent □Temporary □Mailing		
County: School District:		County:	School Distric	ct:	
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 U □Single Person □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: Homeless Rent Own Content Permanent Housing Unknown/Not Reported Current Housing Date:		Previous Housing: Homeless Rent Own Other Other Permanent Housing Unknown/Not Reported		 Moved in the last 24 months Maintained Independent Living HEAP Housing Type: Apartment House Duplex Mobile Home Shelter Other Housing Cost: 		
		Recruitme	ent Activity			
 Child Welfare Agency Family/Friend Local Community Agency Referral Physician/Dentist PSA 	School Dis	Website Community Partner School Advertisement Advertisement		Other Head Start Other Head Start Public Ads State Preschool		
	CO-AF	Î.	ORMATION (IF APPLIC	CABLE)		
First Name:		Last Name:		Gender:	DOB:	
SSN:		□TANF □WIC □Food	d Stamps/SNAP	Military Statu	s: □Active Duty □Veteran	
Primary Language: African Languages American Sign Language English Far Eastern Asian Language French Creole Korean Ku Eastern/Indic Pacific Island Languages Spanish Turkish Vietnan Secondary Language: African Languages American Sign Langua Dutch English Far Eastern Asian Language French Creole Korean Middle Eastern/Indic Pacific Island Languages Spanish Turkish 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:			urdish DMiddle nese ige Arabic rean Kurdish Vietnamese Employment Status: D time Homemaker J Worker Part-time & Tr Disabled Employed S Employed Unemploy (Short-term: Less than a 6 mo.) DUnknown Employer/School Nam	ish DMiddle Se Race: DAsian Black White Arabic Middle Eastern Multiple Ethnicities In Kurdish Native American Other Pacific Islander Islander mployment Status: Farmer Full-time & Training Employed Full- re Part-time & Training Employed Part-time Retired or isabled Employed Seasonally Seasonal Farm Worker Self- mployed Unemployed (Not if Labor Force) Unemployed Schort-term: Less than 6 mo.) Unemployed (Long-term: More than		
Contact Information:		Email Address:		□Consent to receive text messages		
Home Phone:		Mobile Phone:		Work Phone:		
Address: Permanent □Temporary □Mailing		Address: Permanent Temporary Mailing				
Insurance Carrier:						
	(OTHER HOUSEHOLD M	EMBER INFORMATION			
First Name:		Last Name:		Gender: _	DOB:	
SSN:		□TANF □WIC □Food Stamps/SNAP		Military Status: 🗆 Active Duty 🗆 Veteran		

Ethnicity: Hispanic or Latino Race: Asian Black White Middle Eastern Multiple Ethnicities Native American Other Pacific Islander Education Level: No High School Some High School Graduate GED 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:		Disabled: Unknown I Yes INO Mental Health Treatment: Yes No Medical Insurance: Yes No Insurance Carrier: Relation to Applicant: Son Daughter Parent Grandparent(s) Relative Other than immediate family Foster child(s) Other		
First Name:	Last Name:		Gender:	DOB:
SSN:	□TANF □WIC □Food	Stamps/SNAP	Military Status: □ Active Duty □ Veteran	
Ethnicity: Dispanic or Latino Race: Asian Black White Middle Eastern Multiple Ethnicities Native American Other Pacific Islander Education Level: No High School Some High School Graduate 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:		Disabled: Duknown DYes DNO Mental Health Treatment: DYes NO Medical Insurance: Yes NO Insurance Carrier: Relation to Applicant: Son Daughter Parent Grandparent(s) Relative Other than immediate family Foster child(s) Other		
First Name:	Last Name:		Gender:	DOB:
\$\$N:	□TANF □WIC □Food	Stamps/SNAP	Military Status: 🗆 A	ctive Duty □Veteran
Ethnicity: Dispanic or Latino Race: Asian Black White Middle Eastern Multiple Ethnicities Native American Other Pacific Islander Education Level: No High School Some High School Graduate 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:		Disabled: Unknown I Yes INO Mental Health Treatment: Yes No Medical Insurance: Yes No Insurance Carrier: Relation to Applicant: Son Daughter Parent Grandparent(s) Relative Other than immediate family Foster child(s) Other USE ADDITIONAL PAPER IF NEEDED FOR OTHER FAMILY MEMBER INFO		

Certification of Information

I certify that the information provided in this packet and the proof of income provided for the enrollment eligibility is accurate and truthful to the best of my knowledge. Providing false income/information could result in dismissal from the program.

Head of Household Name (Print)		Staff Name (Print)	
Head of Household Signature	Date	Staff Signature	Date
Co-Applicant Name (Print)			
Co-Applicant Signature	Date		

First Time Home Buyer and Revolving Loan Fund Only

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 international 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



