



Re: FTHB Down Payment/Closing Cost Grant Funds

Dear First Time Homebuyer:

We are happy to announce that our First Time Home Buyer down payment/closing cost assistance grant program for Chenango County is open for application!

Enclosed you will find an application packet for the program. Based on the information you provide, we will start the initial eligibility review process and if you qualify, we will issue you a pre-approval letter to shop for a home contingent upon the use of our grant funds. You will be required to complete FTHB Education and also obtain primary financing for a first mortgage. Please provide a copy of your Mortgage Pre Approval letter.

Please fill out the application to the best of your ability and include the following documentation with your application:

1. Your most recent 30 days of pay stubs for all household members over age 18, students must provide proof of transcript for school or a notarized statement if not working and have no income.
2. Last two (2) year's **SIGNED FEDERAL ONLY** income tax returns including W-2's
3. For self-employed individuals, your last two (s) years income tax returns AND most recent 3 month profit & loss
4. Driver's license or photo ID
5. Proof of any supplemental income that comes into the household (child support, alimony, social security, etc. if applicable)
6. Verification of long-term (10 months or more) debt (credit cards, auto payments, loans, child support, alimony, etc.) Include name, address, account number, balance and payment
7. Last three (3) months of bank statements showing minimum borrower contribution of \$2,000

Please mail/drop off/scan&email application and COPIES of all supporting documentation to the First Time Home Buyer department at 44 West Main Street in Norwich, NY 13815

Thank you!

Cathy Berger
FTHB Coordinator/ Housing Counselor
44 W Main Street
Norwich, NY 13815
607-334-7114 ext. 4004
cberger@greaterops.org
www.greaterops.org



Quaranta Housing Services 44 West Main Street, Norwich NY 13815



PERSONAL PROFILE INTAKE FORM

CUSTOMER

Please Print Clearly

Name: _____
First MI Last

Street _____

City _____ State _____ Zip Code _____

Home: () _____ Work: () _____ Email: _____

Fax: () _____ Mobile/Cell: () _____

Social Security Number _____ Birth Date ____/____/____ Age _____

Race (please circle):

- | | | |
|--------------------|---|---|
| 1. White | 2. Black or African American | 3. American Indian/Alaskan Native |
| 4. Asian | 5. Native Hawaiian/Other Pacific Islander | 6. American Indian/Alaskan Native and White |
| 7. Asian and White | 8. Black/African American and White | 9. American Indian/Alaskan Native and Black |
| Other | | 10. |

Ethnicity (please select "yes" or "no" for Hispanic Origin) This is in addition to the "Race" category

Hispanic: Yes No

Foreign Born (please select one) : Yes No

Marital Status (please circle): 1. Single 2. Married 3. Divorced 4. Separated 5. Widowed

Gender (please circle): Male Female

Handicapped? Yes No

Current Housing Arrangement (please circle):

1. Rent How much? _____ 2. Homeless
 4. Living with family member and not paying rent

How many Years? _____ **Months?** _____

3. Homeowner with mortgage
 5. Homeowner with mortgage paid off

Are you a first Time Buyer (you do not currently own a home and have not owned a home in the past three years)?

Yes No

Household Type (please select the most accurate)?

- | | | |
|--|--|-----------------------------|
| 1. Female headed single parent household | 2. Male headed single parent household | 3. Single adult |
| 4. Two or more unrelated adults | 5. Married with children | 6. Married without children |
| | | 7. Other |

PERSONAL PROFILE INTAKE FORM

Family/Household Size: _____ **How many dependents (other than those listed by any co-borrower)?** _____

| | | |
|------------|-----------|-----------|
| Name _____ | DOB _____ | SS# _____ |
| Name _____ | DOB _____ | SS# _____ |
| Name _____ | DOB _____ | SS# _____ |
| Name _____ | DOB _____ | SS# _____ |

Are there non-dependents who will be living in the home? Yes No *If yes, list below:*

| | | | |
|--------------------|-----------|--------------------|-----------|
| Relationship _____ | Age _____ | Relationship _____ | Age _____ |
|--------------------|-----------|--------------------|-----------|

Annual Family or Household Income: \$ _____

Education (please circle one):

- | | |
|------------------------------|--------------------------------------|
| 1. Below High School Diploma | 2. High School Diploma or Equivalent |
| 3. Two-Year College | 4. Bachelors Degree |
| 5. Masters Degree | 6. Above Masters Degree |

Referred to by (please circle all that apply):

| | | | | |
|---------------------|---------|------------|-------|-------------------|
| Print Advertisement | Bank | Government | TV | Realtor |
| Staff/Board member | Walk-In | Friend | Radio | Newspaper Article |

If you were referred by a bank, which one? _____

If referred by another source not listed above, which one? _____

CO-APPLICANT

Please Print Clearly

Name: _____
First MI Last

Street _____

City _____ State _____ Zip Code _____

Home: () _____ Work: () _____ Email: _____

_____ / _____ / _____ Age _____

Social Security Number _____

Birth Date _____

Race (please circle):

- | | | |
|--------------------|---|---|
| 1. White | 2. Black or African American | 3. American Indian/Alaskan Native |
| 4. Asian | 5. Native Hawaiian/Other Pacific Islander | 6. American Indian/Alaskan Native and White |
| 7. Asian and White | 8. Black/African American and White | 9. American Indian/Alaskan Native and Black |
| Other | | 10. |

Ethnicity (please select "yes" or "no" for Hispanic Origin) This is in addition to the "Race" category

Hispanic: Yes No

Foreign Born (please select one): Yes No

Marital Status (please circle): Single Married Divorced Separated Widowed

Gender (please circle): Male Female

Handicapped? Yes No

Education (please circle one):

- | | |
|------------------------------|--------------------------------------|
| 1. Below High School Diploma | 2. High School Diploma or Equivalent |
| 3. Two-Year College | 4. Bachelors Degree |
| 5. Masters Degree | 6. Above Masters Degree |

PERSONAL PROFILE INTAKE FORM

Relationship to Customer (please circle): Spouse Daughter Son Sister Brother Girlfriend/Boyfriend
Mother Father Other: _____

CUSTOMER EMPLOYMENT — Last 2 Years

Primary Employer: _____

Title _____ Hire Date _____
Street _____ City _____ State _____ Zip Code _____

Phone: (____) _____ - _____

Part-Time or Full-Time (Please Circle) Date of Hire: _____

Gross Income (before taxes): \$ _____

Is this amount paid _____ hourly _____ weekly _____ every two weeks _____ twice a month _____ monthly?

Previous Employer: _____

Title _____ Length of Employment _____
Street _____ City _____ State _____ Zip Code _____

Phone: (____) _____ - _____

Part-Time or Full-Time (Please Circle)

Continue listing previous employers on a separate sheet of paper.

Secondary Employer: _____

Title _____ Hire Date _____
Street _____ City _____ State _____ Zip Code _____

Phone: (____) _____ - _____

Part-Time or Full-Time (Please Circle)

Gross Income (before taxes): \$ _____

Is this amount paid _____ hourly _____ weekly _____ every two weeks _____ twice a month _____ monthly?

CO-APPLICANT EMPLOYMENT — Last 2 Years

Please Print Clearly

Primary Employer: _____

Title _____ Hire Date _____
Street _____ City _____ State _____ Zip Code _____

Phone: (____) _____ - _____

Part-Time or Full-Time (Please Circle)

Gross Income (before taxes): \$ _____

Is this amount paid _____ hourly _____ weekly _____ every two weeks _____ twice a month _____ monthly?

PERSONAL PROFILE INTAKE FORM

Previous Employer: _____

Title _____ Length of Employment _____
 Street _____ City _____ State _____ Zip Code _____
 Phone: () _____
 Part-Time or Full-Time (Please Circle)

Continue listing previous employers on a separate sheet of paper.

Secondary Employer: _____

Title _____ Hire Date _____
 Street _____ City _____ State _____ Zip Code _____
 Phone: () _____
 Part-Time or Full-Time (Please Circle)

Gross Income (before taxes): \$ _____

Is this amount paid _____ hourly _____ weekly _____ every two weeks _____ twice a month _____ monthly?

INCOME

Please Print Clearly

| Type of Income | CUSTOMER Monthly Amount | CO-APPLICANT Monthly Amount |
|------------------------|----------------------------|--------------------------------|
| Salary | | |
| Alimony/Child Support | | |
| Rental Income | | |
| Social Security | | |
| Pension Income | | |
| Public Assistance | | |
| Self-employment Income | | |
| Dependent SSI Income | | |
| Disability Income | | |
| Other Employment | | |

CUSTOMER

CO-APPLICANT

Can you document your child support/alimony income? Yes No

Yes No

If yes, how long will it continue? _____

If your child or a family member receives SSI,
 how many more years will the payments continue? _____

PERSONAL PROFILE INTAKE FORM

If you receive disability income,
is it for a permanent disability?

Yes

No

Yes

No

Regarding other employment, have you worked
in this field for two years or more?

Yes

No

Yes

No

LIABILITIES/DEBT

Please Print Clearly

Please list any debts you have, including credit cards, auto loans, student loans, and child-care expenses. Do NOT include rent or utilities.

| Paid To | Current Balance | Monthly Payment | Who's Debt? C=Customer, A=Co-Applicant B=Both |
|---------|--------------------|--------------------|--|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. | | | |
| 7. | | | |
| 8. | | | |
| 9. | | | |
| 10. | | | |

Please use additional sheets if necessary.

CUSTOMER

CO-APPLICANT

Have your payments been made on time?

Yes

No

Yes

No

Are you currently in Chapter 13 bankruptcy?

Yes

No

Yes

No

If yes, when did it begin? _____

If yes, when will it be paid out? _____

If yes, how much is the payment? _____

Have you had a Chapter 7 bankruptcy?

Yes

No

Yes

No

If yes, when was it discharged? _____

PERSONAL PROFILE INTAKE FORM

Do you have a checking account? Yes ___ No ___

Bank _____ Account Number _____ Current Balance _____

Do you have a savings account? Yes ___ No ___

Bank _____ Account Number _____ Current Balance _____

LIQUID FUNDS/SAVINGS/INVESTMENTS

Please Print Clearly

Please list the approximate value of the following:

| | <i>CUSTOMER</i> | <i>CO-APPLICANT</i> |
|---|-----------------|---------------------|
| Cash | | |
| CDs | | |
| Securities (stocks, bonds, etc.) | | |
| Retirement account (IRA, etc.) | | |
| Other Liquid Funds (life insurance, etc.) | | |

Are you about to receive additional funds (e.g., tax refunds, property sales, etc.)? (circle) Yes No

If yes, how much? \$ _____

ADDITIONAL INFORMATION

| | <i>CUSTOMER</i> | | <i>CO-APPLICANT</i> | |
|---|-------------------------------------|----|---------------------|----|
| Are you a US citizen? | Yes | No | Yes | No |
| Do you intend to occupy the property as your primary residence? | Yes | No | Yes | No |
| Have you or anyone in your household ever been convicted of any crime other than a traffic violation? | Yes | No | Yes | No |
| Have you owned a home in the last three (3) years? | Yes | No | Yes | No |
| Are you a Veteran? | Yes | No | Yes | No |
| Do you have a contract on a house at this time? | Yes | No | | |
| Are you currently working with a real-estate agent? | Yes | No | | |
| Most convenient time for an individual appointment? | Day: M T W Th F Time: ___ AM ___ PM | | | |

PERSONAL PROFILE INTAKE FORM

Conflict of Interest Disclosure

I/We certify to Greater Opportunities, Inc. that to the best of my/our knowledge, I/we are not related to any employee of GREATER OPS, Inc. any member of the board of directors of GREATER OPS, Inc. I/We am/are am not/are not an employee, (full time or part time), of GREATER OPS. Related is defined as a member of an immediate family, (spouse, parent, sibling or child), or any person described above. In addition I/we certify to GREATER OPS, Inc. that to the best of my/our knowledge, I/we am/are am not/are not related to a person with a business relationship with GREATER OPS, Inc. with the exception listed below:

Name

Relationship

Applicant Signature

Date

Co-Applicant Signature

Date

AUTHORIZATION

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 the HUD-1 Settlement Statement, 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 result in civil liability and/or criminal liability under the provisions of Title 18, United States Code, Section 1001.

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

Customer

Date

Co-Applicant

Date

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: _____ | <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 | |
| 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"/> Pacific Islander <input type="checkbox"/> Other _____ | |
| 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 <input type="checkbox"/> Graduate <input type="checkbox"/> GED <input type="checkbox"/> Some College/Vocational/Associates <input type="checkbox"/> 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 HIRE DATE: _____ TITLE: _____ | |
| 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 _____ _____ _____ | | Address: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Mailing _____ _____ _____ | |
| County: _____ School District: _____ | | County: _____ School District: _____ | |
| HOUSEHOLD INFORMATION | | | |
| Family Structure: <input type="checkbox"/> Single Parent/Person <input type="checkbox"/> Two-Parent/Persons Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other _____ | Head Of Household Info: (You Are :) Parent(s)/Guardian(s) Best Descriptor: <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"/> Step Parent <input type="checkbox"/> Other _____ | Family Type: <input type="checkbox"/> Single Parent/Female <input type="checkbox"/> Single Parent/Male <input type="checkbox"/> Two-Parent Household <input type="checkbox"/> Two-Parent Unmarried <input type="checkbox"/> Single Person <input type="checkbox"/> Two Adults (No Children) <input type="checkbox"/> Non-related Adults with Children <input type="checkbox"/> Multigenerational Household <input type="checkbox"/> Unknown/Not Reported <input type="checkbox"/> Other _____ | |
| Number in Family (*Supported by PCG Income): _____ Number in Household (*Total number of people in the home): _____ | 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: _____ | | <input type="checkbox"/> 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: _____ |
|--|---|--|

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 |
| 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 |
| 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: _____ |
| 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 |

| | | | |
|---|--|--|-------------------|
| 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 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: _____ | | 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"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Parent <input type="checkbox"/> Grandparent(s) <input type="checkbox"/> Relative Other than immediate family <input type="checkbox"/> Foster child(s) <input type="checkbox"/> Other _____ | |
| 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 | |
| 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 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: _____ | | 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"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Parent <input type="checkbox"/> Grandparent(s) <input type="checkbox"/> Relative Other than immediate family <input type="checkbox"/> Foster child(s) <input type="checkbox"/> Other _____ | |
| 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 | |
| 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 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 | | 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"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Parent <input type="checkbox"/> Grandparent(s) <input type="checkbox"/> Relative Other than immediate family <input type="checkbox"/> Foster child(s) <input type="checkbox"/> 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 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 OPS, 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



Name: _____

Date: _____

MONTHLY BUDGET WORKSHEET**MONTHLY INCOME**

| |
|-------------------------|
| Net Pay |
| Child Support/Alimony |
| Social Security/SSI/SSD |
| Public Asst./AFDC |
| Food Stamps/HEAP |
| Workman's Comp. |
| Unemployment |
| TOTAL INCOME |

LIQUID ASSETS

| |
|-------------------------|
| Checking Account |
| Savings Account |
| Cash Value of Life Ins. |
| Pension, Annuity, IRA |
| Other |
| TOTAL ASSETS |

MONTHLY EXPENSES

| | | | |
|---------------------------------|--|----------------------------------|--|
| HOUSING | | EDUCATION | |
| Rent | | School Fees | |
| Mortgage | | Books | |
| Property Taxes | | School lunch | |
| Maintenance/Repairs | | TRANSPORTATION | |
| SERVICES & UTILITIES | | Gasoline/Bus Fare | |
| Oil | | Car Repairs | |
| Propane | | Car Maintenance (oil, tires) | |
| Electricity | | RECREATION | |
| Phone | | Movies/Games/Sports | |
| Water/Sewer | | Newspapers/Magazines | |
| Garbage Collection | | Vacations | |
| Cable TV | | Bingo/Casino/Lottery Tickets | |
| INSTALLMENT LOANS | | PERSONAL | |
| Automobile/Truck | | Toiletries | |
| Furniture/Appliance | | Childcare/Child support | |
| Charge cards | | Spending money | |
| INSURANCE | | GIFTS & CONTRIBUTIONS | |
| Homeowners/Renters | | Charity giving | |
| Life | | Gifts for family/friends | |
| Health | | Church/religious giving | |
| Automobile | | CLOTHING | |
| FOOD | | Clothes | |
| Groceries | | Laundromat/Dry Cleaning | |
| Meals at restaurants | | | |
| Food at work | | MEDICAL | |
| HOUSEHOLD | | Physician | |
| Items not includ. In groceries | | Dentist | |
| Pet food/products | | Prescriptions | |
| Alcohol/Tobacco | | | |
| TOTAL COLUMN 1 | | TOTAL COLUMN 2 | |
| TOTAL EXPENSES | | | |

| | | | | | |
|---------------------|--|-----------------------|--|----------------|----|
| TOTAL INCOME | | TOTAL EXPENSES | | BALANCE | + |
| | | | | | -- |



CONFLICT OF INTEREST DISCLOSURE

I/We certify to GREATER OPS, Inc. that to the best of my/our knowledge, I/we am/are not related to any employee of GREATER OPS, Inc., any member of the board of directors of GREATER OPS, Inc. I am/am not an employee (full time or part time) of GREATER OPS. Related is defined as a member of an immediate family (spouse, parent, sibling or child) of any person/official described above. In addition I/we certify to GREATER OPS, Inc. that to the best of my/our knowledge I/we am/are not related (same definition of related as above) to a person with a business relationship with GREATER OPS, Inc. with the exception listed below:

Name

Relationship

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |

Applicant Signature

Date

Co-Applicant Signature

Date



I have received and read the document:

Ten Important Questions to Ask Your Home Inspector and For Your Protection
Get a Home Inspection.

I understand the importance of getting an independent home inspection before purchasing a home of my own.

Signature & Date

Signature & Date



Quaranta Housing Services 43 Hale Street, Norwich NY 13815



HUD > Program Offices > Housing > Single Family > Inspectors > Ten Important Questions to Ask Your Home Inspector

Ten Important Questions to Ask Your Home Inspector

1. What does your inspection cover?

The Inspector should ensure that their inspection and inspection report will meet all applicable requirements in your state if applicable and will comply with a well-recognized standard of practice and code of ethics. You should be able to request and see a copy of these items ahead of time and ask any questions you may have. If there are any areas you want to make sure are inspected, be sure to identify them upfront.

2. How long have you been practicing in the home inspection profession and how many inspections have you completed?

The Inspector should be able to provide his or her history in the profession and perhaps even a few names as referrals. Newer Inspectors can be very qualified, and many work with a partner or have access to more experienced Inspectors to assist them in the inspection.

3. Are you specifically experienced in residential inspection?

Related experience in construction or engineering is helpful, but is no substitute for training and experience in the unique discipline of home inspection. If the inspection is for a commercial property, then this should be asked about as well.

4. Do you offer to do repairs or improvements based on the inspection?

Some Inspector associations and state regulations allow the Inspector to perform repair work on problems uncovered in the inspection. Other associations and regulations strictly forbid this as a conflict of interest.

5. How long will the inspection take?

The average on-site inspection time for a single Inspector is two to three hours for a typical single-family house; anything significantly less may not be enough time to perform a thorough inspection. Additional Inspectors may be brought in for very large properties and buildings.

6. How much will it cost?

Costs vary dramatically, depending on the region, size and age of the house, scope of services and other factors. A typical range might be \$300-\$500, but consider the value of the home inspection in terms of the investment being made. Cost does not necessarily reflect quality. HUD Does not regulate home inspection fees.

7. What type of inspection report do you provide and how long will it take to receive the report?

Ask to see samples and determine whether or not you can understand the Inspector's reporting style and if the time parameters fulfill your needs. Most Inspectors provide their full report within 24 hours of the inspection.

8. Will I be able to attend the inspection?

This is a valuable educational opportunity, and an Inspector's refusal to allow this should raise a red flag. Never pass up this opportunity to see your prospective home through the eyes of an expert.

9. Do you maintain membership in a professional home inspector association?

There are many state and national associations for home Inspectors. Request to see their membership ID, and perform whatever due diligence you deem appropriate.

10. Do you participate in continuing education programs to keep your expertise up to date?

One can never know it all, and the Inspector's commitment to continuing education is a good measure of his or her professionalism and service to the consumer. This is especially important in cases where the home is much older or includes unique elements requiring additional or updated training.

[Return to Inspectors home](#)



For Your Protection: Get a Home Inspection

Why a Buyer Needs a Home Inspection

A home inspection gives the buyer more detailed information about the overall condition of the home prior to purchase. In a home inspection, a qualified inspector takes an in-depth, unbiased look at your potential new home to:

- Evaluate the physical condition: structure, construction, and mechanical systems; Identify items that need to be repaired or replaced; and
- Estimate the remaining useful life of the major systems, equipment, structure, and finishes.

You Must Ask for a Home Inspection

A home inspection will only occur if you arrange for one. FHA does not perform a home inspection.

Decide early. You may be able to make your contract contingent on the results of the inspection.

Appraisals are Different from Home Inspections

An appraisal is different from a home inspection and does not replace a home inspection. Appraisals estimate the value of the property for lenders. An appraisal is required to ensure the property is marketable. Home inspections evaluate the condition of the home for buyers.

FHA Does Not Guarantee the Value or Condition of your Potential New Home

If you find problems with your new home after closing, FHA cannot give or lend you money for repairs, and FHA cannot buy the home back from you. Ask a qualified home inspector to inspect your potential new home and give you the information you need to make a wise decision.

Radon Gas Testing and other safety/health issues

The United States Environmental Protection Agency and the Surgeon General of the United States have recommended that all houses should be tested for radon. For more information on radon testing, call the toll-free National Radon Information Line at 1-800-SOS-Radon or 1-800-767-7236.

Ask your home inspector about additional health and safety tests that may be relevant for your home.

Be an Informed Buyer

It is your responsibility to be an informed buyer. You have the right to carefully examine your potential new home with a qualified home inspector. To find a qualified home inspector ask for references from friends, realtors, local licensing authorities and organizations that qualify and test home inspectors.



CAUTION

CAUTION



Authorization to Release Information

I/We, _____ authorize

Quaranta Housing Services to contact my/our

Lender, _____

Realtor, _____

Attorney, _____

to request /exchange Information about my mortgage loan number, _____

For property address, _____

This information may include, but not be limited to, credit report, mortgage application, federal income taxes, current paystubs and any other documents pertaining to the mortgage application.

Greater Opportunities, Inc. is a HUD certified counseling agency.

Signature Date DOB

Signature Date DOB



DISCLOSURE STATEMENT

Greater Opportunities, Inc. (GREATER OPS, Inc.) is a not-for-profit Community Action Agency that has been assisting customers with the housing needs since 1976. The agency offers a variety of housing related services including homeownership assistance, home improvement grant and loan programs, HUD Housing Choice Voucher Assistance (Section 8 Rental assistance), Weatherization services, and Foreclosure Intervention Counseling. (GREATER OPS, Inc. also provides grant writing assistance and administrative services for Chenango County government grants that provide low income customers with funds for homeownership

purchase and home rehabilitation. Greater Opportunities, Inc. became a NeighborWorks® America Charter Member in October 2001.

Greater Opportunities Inc. provides services to Chenango County residents to assist in such areas as:

- First Time Home Buyer Education and Financial Literacy Education
- Post purchase (non-delinquency) Home Buyer Education
- One-on-one continuing education for pre-purchase first time homebuyers
- Home Improvement Programs to assist existing homeowners in the county in maintaining their homes
- Provide Section 8 rental assistance workshops for qualified customers
- Provide Section 8 rental assistance Housing Choice Vouchers for qualifies customers who want to reside in Chenango County
- Child and Family Early Education Programs that include Head Start and Early Head Start
- USDA Child feeding program
- Provide services for volunteers and customers of Literacy Volunteers of America
- Provide nutritional counseling and checks for the Women, Infant and Child Feeding Program (WIC)
- Provide a second hand shop for customers in the northern end of the county to shop for low priced, quality gently used clothes

Mission Statement: Greater Opportunities, Inc. is committed to supporting families and individuals to:

- **recognize their strengths,**
- **set realistic goals,**
- **make responsible choices and**
- **become involved members of our community**



We achieve our Mission through programs that focus on housing security, life skills training, child and family development, education, literacy, health and nutrition, community and economic development.

- Housing Counseling both Pre-purchase and Post-purchase
- Foreclosure Intervention Counseling
- Fair Housing Counseling and assistance
- Section 8 vouchers
- Grants from the New York State Affordable Housing Corporation for homeownership and home improvement
- Grants from the New York State Department of Housing and Community Renewal
- Administer Chenango County CDBG grants from the New York State Office of Community Renewal
- Grants from the local United Way and other foundations
- Energy Savings and reduction counseling
- Weatherization Assistance with grant funds from the New York State Department of Housing and Community Renewal
- Revolving Loan Fund for down payment/closing cost assistance or home rehabilitation
- Screening, intake and placement into the Head Start of Early Head Start Programs
- Screening, intake and placement of daycare providers for the USDA Child Feeding Program
- Screening, intake and placement into the NYS WIC Program
- Volunteer screening and education for the Literacy Volunteers of America Program
- Customer screening, intake and placement into the Literacy Volunteers of America Program
- Accept donations to the Back on the Rack used clothing store
- Serve customers at the Back on the Rack used clothing store

Greater Opportunities, Inc. customers are not required to utilize any other programs provided to receive counseling of any type. Counseling services are free of charge and there are no income restrictions for housing and foreclosure intervention counseling. A fee for credit reports may be applied.

By signing this disclosure, I understand that I am not under any obligation to utilize any of Greater Opportunities, Inc. other services or programs in order to receive counseling services. I also recognize that I am under no obligation to utilize the services provided by Greater Opportunities, Inc. partners as well.

Customer

Date

Customer

Date





Non Recommendation of Services

Greater Opportunities, Inc. HUD Housing Counselors do not recommend lenders, realtors, contractors, insurance companies/brokers, or attorneys to customers.

Greter Opportunities, Inc. will provide customers with a list of these individuals at the customer's request. Customers are urged to look in the phone book, ask a friend, relative, or neighbor for a recommendation.

The Greater Opportunities, Inc. Homebuyer Team

Signed _____ Date _____

Signed _____ Date _____



Media Release Form

I/we hereby give permission to Greater Opportunities, Inc. to use the following information about my/ our family (check all that apply):

- ☐ Name(s) - first only
- ☐ Photos/Video of me/family
- ☐ Photos/Video of my home/property

Greater Opportunities, Inc. may use the aforementioned information in print & online publications. This may include, but not be limited to : documentary videos, annual reports, brochures, web sites, and social media sites (Facebook, YouTube, etc.).

Signature

Date

Signature

Date

