



Empowering communities.

Empowering you.

Dear Homeowner:

Thank you for your interest in our Access to Home Program and/or Manufactured Housing Replacement Program for Broome and Chenango Counties. To help us to determine if you would qualify for one of these programs, please complete the attached forms and submit along with copies of all documentation below that pertains to the program(s) for which you are applying.

1. pre-application, conflict of interest form, budget worksheet and CAP intake form to be filled out and returned to us;
2. Disability Referral Form completed by your doctor (if applying for the Access to Home Program)
3. Copy of title or bill of sale for the current mobile home (if applying for the Manufactured Housing Replacement Program) (must be in property owner's name)
4. copy of full **recorded** property deed including Schedule A (**land contracts and life estates are not eligible**);
5. copy of this year's town/city, school and village (if applicable) tax statements and proof taxes have been paid current;
6. proof of household income for all members 18 years or older; acceptable documents are:
  - a. copy of statement for social security, SSI or retirement/pension benefit(s);
  - b. copy of disability statement, survivors benefit, unemployment benefit, workers' compensation benefit, child support, statement of food stamps etc.
  - c. if employed, copy of last **eight** consecutive weeks paystubs (if paid weekly) or last **four** consecutive paystubs (if paid bi-weekly) OR letter from employer stating hours worked/week and pay/hour;
  - d. if self-employed, copy of last 3 year's Federal Income Tax Returns (1040 Form & attachments)
  - e. if any person in the household over 18 years of age has no income, please have him/her state that in writing;
7. copy of most recent bank statement(s) for all accounts (including IRA, retirement);
8. copy of all asset information including, but not limited to; stocks, bonds, full market value of other properties owned, other securities (if applicable) (**total of assets cannot exceed \$50,000**)
9. copy of current homeowner's insurance policy;
10. copy of mortgage statement showing mortgage is paid current (if applicable);
11. copy of tax statement for all other real property owned in Chenango County (if applicable);
12. copy of valid photo ID(s) for applicant and co-applicant;
13. copies of social security cards and birth certificates for all members of the household

**\*\*\*Funding is limited! Incomplete applications will not be processed and applicants are served on a first come first served basis by completed application.\*\*\***

- **PLEASE NOTE: A diminishing lien will be filed for a term of 3 years for the Access to Home Program and 10 years for the Manufactured Housing Replacement Program for the amount invested.**

Sincerely,

Michelle L. Cole  
Housing Programs Manager





**Greater Opportunities for Broome and Chenango, Inc.  
Conflict of Interest Disclosure**

According to the HOME Investment Partnership Program regulations Final Rule – 24 CFR Part 92-356, all potential conflict of interests must be disclosed. Please complete the following disclosure statement. Note that relative is defined as a relationship by blood or marriage and limited to mother, father, sister, brother, son or daughter.

**Disclosure:**

- |    |  |                           |
|----|--|---------------------------|
| 1. | I am currently an employee of Greater Opportunities  | Yes or No<br>(circle one) |
| 2. | I am related, as defined above, to an employee of Greater Opportunities                                    | Yes or No<br>(circle one) |
| 3. | I am a member of the Greater Opportunities Board of Directors  | Yes or No<br>(circle one) |
| 4. | I am related, as defined above, to a member of the Greater Opportunities Board of Directors                | Yes or No<br>(circle one) |
| 5. | I am currently in a business relationship with Greater Opportunities                                       | Yes or No<br>(circle one) |
| 6. | I am related, as defined above, to an individual who has business relationships with Greater Opportunities | Yes or No<br>(circle one) |

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If you answered yes to any of the above statements please indicate the name/names of person/persons involved and describe the nature of the relationship:

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I/We the undersigned certify that the above information is true to the best of my/our knowledge.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
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:** \_\_\_\_\_  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 in 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  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Address:  Permanent  Temporary  Mailing  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

County: \_\_\_\_\_ School District: \_\_\_\_\_ 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: \_\_\_\_\_



Name: \_\_\_\_\_

Date: \_\_\_\_\_

## MONTHLY BUDGET WORKSHEET

## MONTHLY INCOME

## LIQUID ASSETS

Net Pay		Checking Account	
Child Support/Alimony		Savings Account	
Social Security/SSI/SSD		Cash Value of Life Ins.	
Public Asst./AFDC		Pension, Annuity, IRA	
Food Stamps/HEAP		Other	
Workman's Comp.			
Unemployment			
<b>TOTAL INCOME</b>		<b>TOTAL ASSETS</b>	

## MONTHLY EXPENSES

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

<b>TOTAL INCOME</b>		<b>TOTAL EXPENSES</b>		<b>BALANCE</b>	+
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