

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.

- 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)
- 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);
- 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);
 - copy of disability statement, survivors benefit, unemployment benefit, workers' compensation benefit, child support, statement of food stamps etc.
 - if employed, copy of last eight consecutive weeks paystubs (if paid weekly) or last four consecutive paystubs (if paid bi-weekly) <u>OR</u> 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);
- 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)
- 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



Access To Home Program (OR) Manufactured Housing Replacement Program For Broome (And) Chenango County

Pre-Application

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 this form and submit along with copies of the required documentation.

1.	Name:			_
2.	Home Phone: () Cell Phone: ()			
3	Current Mailing Address:			
٥,	STREET TOWN	ZIP		
4.	# of Household Members:			
5.	Do you own and occupy a home in Broome or Chenango County? Have you been a resident at this address for a minimum of six months?	(yes) (yes)	(no) (no)	
	My home is a: ☐ Single Family Home ☐ Multi-Family Home - # of units ☐ Double-wide mobile home		1870 BEVS	
6.	What program(s) are you requesting assistance with?			
_	Access to Home Program (Disability/Accessibility Modifications)			
*P	Please describe the Disability/Accessibility Modifications needed (if applicable):		31162	
_	Manufactured Housing Replacement Program			
*P	Please briefly describe the condition of the current manufactured home (if applicable):			_
_		grant.	i kaya F	_
7.	If a mobile home, do you own the property where the mobile home is located?	(yes)	(no)	
8.	If a mobile home, what year is it? Do you have the title or bill of sale?	(yes)	(no)	
9.	Do you have homeowner's insurance coverage for your home?	(yes)	(no)	
10	. Are your land and school taxes paid current to date?	(yes)	(no)	
11	. Do you have a mortgage? (yes) (no) If yes, is it paid current to date?	(yes)	(no)	
12	. Are any members of the household 62 years or older?	(yes)	(no)	

GREATER OPPORTUNITIES FOR BROOME & CHENANGO, INC.

ACCESS TO HOME PROGRAM

Disability Referral Form

	FION (to be completed by applican		CCN
NAME: Last	First	MI	SSN:
HOME ADDRESS:			
DATE OF BIRTH:	HOME PHONE:	GENDEI	R:
		☐ Mal	e
authorize any licensed phy ecessary information and r ligibility for the Access to	sician, therapist or caseworker who ecords to Greater Opportunities for Home program.	has full knowledge of my con Broome & Chenango, Inc. for	ndition(s) to release any or r the purpose of determinin
Applicant's Signature		Da	te
	INFORMATION (to be completed PHYSICIAN/ THERAPIST:	d by referring agency, physicia	nn, therapist)
REFFERER NAME:		OFFICE PHONE:	FAX:
ADDRESS:		EMAIL:	
IDDINGS.			
	unlicant's disability to be?	nermanently	
2. Do you consider the ap		temporarily, until	
3. Please specify any access wheelchair ran □ bathroom mod □ specialized flow □ call systems/als	oring railings, doory	ications ifications	
CERTIFICATION STAT			
I certify that the informatio	n contained in this form is true and	correct to the best of my know	vledge.
NAME OF PERSON SUPI	PLYING THE INFORMATION	TITLE	
SIGNATURE		DATE	

Please return to: Greater Opportunities for Broome & Chenango, Inc.
Attn: Access to Home Program
44 West Main Street
Norwich, NY 13815
607-334-7114

Fax: (607) 336-6958

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 (circle one
2.	I am related, as defined above, to an employee of Greater Opportunities	Yes or No (circle one
3.	I am a member of the Greater Opportunities Board of Directors	Yes or No (circle one
4.	I am related, as defined above, to a member of the Greater Opportunities Board of Directors	Yes or No (circle one
5.	I am currently in a business relationship with Greater Opportunities	Yes or No (circle one
6.	I am related, as defined above, to an individual who has business relationships with Greater Opportunities	Yes or No (circle one
perso	e the undersigned certify that the above information is true to the be	
knov	vledge.	
Appl	Date	

Greater Opportunities, INC. CAP INTAKE FORM – HOUSING

Date:

AND SET TO SEE STATE OF SECOND	Program l	nformation		(1) (1) (1) (1) (1)
Enrolling Agency: Greater Opportuni	ties, INC.	Program:		
APP	LICANT/HEAD OF HO	DUSEHOLD INFORMATION	ON	
First Name:	Last Name:		Gender:	DOB:
SSN:	DTANF DWIC OF	ood Stamps/SNAP	Military Status:	ctive Duty - Veteran
Primary Language: African Languages Dutch English Far Eastern Asian Languages Kurdish Middle Eastern/Indic Pacific Vietnamese Secondary Language: African Langua Arabic Dutch English Far Eastern A Korean Kurdish Middle Eastern/India	guage = French Cre Island Languages = ges = American Sign Islan Language = Fre	ole =Korean Spanish =Turkish Language ench Creole	Race: Asian Bloomiddle Eastern Native American Other	ack White Multiple Ethnicities Pacific Islander
Education Level: DNo High School Dome Grade 9 Grade 10 Grade 11 Grade Graduate GED Some College/Vocation Degree College Degree or Training School Bachelor or Advanced Degree DESL DUR Education Completion Date: Completed Job training Program, Profess License Program Completion Date:	12 High School nal/Associates of Certificate nknown ional Certificate or	Employment Status: Defaultime Homemaker Part-time Part-time Part-time Retired or Disabled Worker Self-Employed Short (Long-term: More that Employer/School National Income: HIRE DATE:	er Dob Training/Some & Training Demp Demployed Seasoned Unemployed (-term: Less than 6 non 6 mo.) Dunknow The Composition of the Composition of t	thool (PT) Migrant ployed Part-time hally Seasonal Farm Not if Labor Force) No.) Unemployed No. Unemployed No. William William No. William William No. William William
Contact Information	Email Address:			eive text messages
Home Phone:			Work Phone:	g- war-read
Address: Permanent Temporary Ma	ailing	Address: Permane	ent =Temporary =	Mailing
County: School District:		County:	School Distri	ict:
		INFORMATION	La company	AND WARRED LAND
Family Structure: Single Parent/Person Two-Parent/Persons Marital Status: Married Single Divorced Widowed Separated Other	Head Of Househol Parent(s)/Guardia Mother = Father	Id Info: (You Are :) In(s) Best Descriptor: Parents Relative Other than Foster Parent(s)	□Single Parent/M Household □Two- □Single Person □ Children) □Non-re	Parent Unmarried Two Adults (No elated Adults with enerational Household eported
Number in Family (*Supported by PCG Income):	Disabled: Unkno Mental Health Tree Medical Insurance Insurance Carrier:	atment: BYes BNo	(EHS Pregnant Se	ner Before Enrollment ervices ONLY) ery Date:

Ethnicity: Race: Asian Black White Middle East Native American Other Pacific Islande Education Level: No High School Some Grade 10 Grade 11 Grade 12 High S Some College/Vocational/Associates Training School Certificate Bachelor or Act Unknown Education Completion Date: Completed Job Training Program, Professi Program Completion Date:	er High School Grade 9 Ichool Gradwate GED gree College Degree or Ivanced Degree ESL	Relation to Applica	tment: @Yes @No : @Yes @No : @Yes @No int: @Son @Daughter @Po	arent =Grandparent(s) oster child(s) =Other
First Name:	Last Name:		Gender:	DOB:
SSN:	DTANF DWIC DFOO	d Stamps/SNAP	Military Status: □ Ac	ctive Duty = Veteran
Ethnicity: Dispanic or Latino Race: Dasian Dilack White Middle East Dative American Dother Pacific Islande Education Level: Do High School Dome H Grade 10 DGrade 11 DGrade 12 DHigh S DSome Callege/Vocational/Associates Deg Training School Certificate Disachelor or Ad DUnknown Education Completion Date: Completed Job training Program, Professi Program Completion Date:	er High School Grade 9 chool Graduate GED gree GCollege Degree or Ivanced Degree ESL onal Certificate or License	Relation to Applica	tment: \(\text{Yes} \) \(\text{No} \) \(\text{IYes} \) \(\text{No} \) \(\text{Int:} \(\text{Son} \) \(\text{Daughter} \) \(\text{Polynomial} \)	arent Grandparent(s) oster child(s) Other
First Name:	Last Name:		Gender:	DOB:
SSN:	DTANF DWIC DFOO		Military Status: 🗆 A	ctive Duty =Veteran
Ethnicity: □Hispanic or Latino Race: □Asian □Black □White □Middle East □Native American □Other □Pacific Islande Education Level: □No High School □Some Islande □Grade 10 □Grade 11 □Grade 12 □High School □Some Callege/Vocational/Associates Deg Training School Certificate □Bachelor or Acc □Unknown Education Completion Date: □Completed Job training Program, Professi	er High School = Grade 9 chool Graduate = GED gree = College Degree or Ivanced Degree = ESL	Relation to Application Grandparent(s) Child(s) Cother	ant: Son Daughter P	nediate family 🗆 Foster
I certify that the information provided accurate and truthful to the best of no	in this packet and the	of Information proof of income p g false income/info	rovided for the enrol	llment eligibility is in dismissal from the
Head of Household Name (Print)		Staf	f Name (Print)	
Head of Household Signature	Date	Staf	f Signature	Date
Co-Applicant Name (Print)				
Co-Applicant Signature	Date			

		Detai
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		
TOTAL INCOME	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	TOTAL	BALANCE	+
INCOME	EXPENSES		