



Greater Opportunities for Broome
and Chenango
Housing Rehabilitation/MHRP



All information provided on this form is strictly confidential and is used solely for the purpose of determining the applicant's eligibility for assistance under the program.

Applicant Name

Social Security Number

Date of Birth

Co-Applicant Name

Social Security Number

Date of Birth

Name(s) on the Title/Deed to the property

Street Address

Mailing Address (if different)

How long have you lived at the residence? _____

Primary residence?

Yes No

Work Home Cell

Applicant Phone

Applicant Email

Work Home Cell

Co-Applicant Phone

Co-Applicant Email

Total number of household occupants: _____

Do any household occupants have documented disabilities? Yes No

If yes, list disabilities

List all household occupants below:

Name

Relationship to Applicant(s)

Date of Birth

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List all bank accounts for occupants 18 and older:

Name	Account number	Account type	Amount

List all other assets and the value (vehicles, other real estate, stocks, bonds):

Asset	Value

Is there a mortgage on the residence? Yes No Other liens? Yes No

Mortgage lender	Monthly payment	Balance

List other debts and the amounts (auto loans, credit cards):

Type	Date incurred	Monthly payment	Balance

Are you current on property and school taxes? Yes No

Name of Homeowners Insurance Company	Policy number

Address	Phone

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Do you have flood insurance?

Yes No

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Provide complete employment and self employment income for all household residents 18 and older.

Resident Name	Employer Name	Annual Gross Wages
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Employer Address

Resident Name	Employer Name	Annual Gross Wages
---------------	---------------	--------------------

Employer Address

Resident Name	Employer Name	Annual Gross Wages
---------------	---------------	--------------------

Employer Address

Other income. Check all that apply and list the annual amount received by any income sources.

<input type="checkbox"/> Social Security	Amount	Name(s) of occupants receiving income
<input type="checkbox"/> Supplemental Security Income		
<input type="checkbox"/> Pension		
<input type="checkbox"/> Retirement fund		
<input type="checkbox"/> Annuities		
<input type="checkbox"/> Disability benefits		
<input type="checkbox"/> Worker's Compensation		
<input type="checkbox"/> Welfare benefits		
<input type="checkbox"/> Unemployment benefits		
<input type="checkbox"/> Other		

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Provide all information and a self assessment on the condition of your residence.

What is the current property tax assessment? _____ Year built? _____

Number of bedrooms? _____ Number of bathrooms? _____

Self Assessment: Complete to the best of your knowledge.

	Condition		
	Good	Fair	Poor
Foundation type: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof type: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior siding: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Number of doors: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Number of windows: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plumbing type: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heating system: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical service (amps) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How old is the heating system (years) _____			

What home improvements do you feel are most necessary? Check all that apply.

Reason:

- Foundation _____
- Roof _____
- Exterior siding _____
- Windows/doors _____
- Plumbing _____
- Heating system _____
- Electrical service _____
- Other _____

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I/we certify that the statements in this application are true, complete and accurate to the best of my/our knowledge. I/we understand that if I/we willfully falsify or make false, fictitious, or fraudulent statements, I/we shall be compelled to repay the City of Norwich all loans made from the Housing Rehabilitation Program. I/we fully understand that it is a federal crime to knowingly make any false statements concerning the facts of this application. I/we hereby authorize the representatives of the Greater Opportunities for Broome and Chenango INC. to:

- (a) Obtain verification of information required for compliance within the regulations of this program, including but not limited to expenses and employment;
- (b) Upon giving reasonable notice, to enter the applicant's property for the purpose of completing environmental reviews, determining what rehabilitation is needed, and inspecting completed work.

Applications will be reviewed for eligibility on a first come, first served basis. Applications will not be considered complete until all required documents are received. The Greater Opportunities for Broome and Chenango will notify the applicant in writing if the application is accepted or rejected for participation in the Housing Rehabilitation Program or Manufactured Home Replacement Program.

Please sign, date, and return to:

Greater Opportunities for Broome and
Chenango
ATTN: Kristi Perez
44 West Main St.
Norwich, NY 13815

Applicant signature

Date

Co-Applicant signature

Date

Please contact Kristi Perez with any questions related to the application and program at (607) 334-7114, or by email at kperez@greaterops.org

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The following documents must be submitted with your application to be marked as "Complete" as outlined in Section 4.B Required Documents of the Housing Rehabilitation Program Guidelines or Manufactured Home Replacement Program.

- Copy of social security cards and ID or Birth Certificate for all household members
- copy for your most recent Federal Income Tax return, Form 1040 (Applicant and Co-Applicant)
- Last two consecutive payroll stubs showing year-to-date earnings for all household members age 18 and older
- Verification of other sources of income included in the application
- Copy of the deed to the property
- Copy or proof of homeowner's insurance
- Copy or proof of flood insurance (if applicable)
- Most recent property and school tax bills, including receipts showing taxes are paid current
- Most recent bank statement for all checking and savings accounts (Applicant and Co-Applicant)
- Most recent mortgage statement including remaining balance and that the mortgage is paid current

If any of the required documents cannot be provided, please explain:
