

**HELPING PEOPLE ACHIEVE ECONOMIC SECURITY FOR
OVER 40 YEARS**

- East Hills Senior Housing**
- General Housing**
- Shelter Plus Care**
- FEMA**
- Lend A Hand**



Office Use: _____



GREATER OPPORTUNITIES APPLICATION FOR SERVICES

Date Received: _____

FULL FIRST NAME :		FULL MIDDLE NAME:		FULL LAST NAME:		
STREET ADDRESS:		VILLAGE, CITY OR TOWN:			STATE:	ZIP CODE:
HOME PHONE:	CELL PHONE:	WORK PHONE:	E-MAIL ADDRESS:		REFERRAL SOURCE:	

PLEASE TELL US WHY YOU ARE APPLYING FOR SERVICES TODAY:

BEGINNING WITH YOURSELF, PLEASE FILL IN ALL THE SPACES BELOW FOR ALL MEMBERS OF YOUR HOUSEHOLD WHO ARE APPLYING FOR GO ASSISTANCE.

Have you or anyone in your home ever received services for GO (yes or no)? _____

If "Yes" please list the services and dates of service: _____

NAME	SEX M\F	AGE	DATE OF BIRTH	RELATIONSHIP	SOCIAL SECURITY NUMBER	DISABLED Yes or No	CURRENT STATUS Example: Employed, Unemployed, Student, etc.	Highest Grade Level Completed
1.				SELF				
2.								
3.								
4.								
5.								
6.								
7.								

PLEASE MARK THE BOXES BELOW YES OR NO:

ARE YOU HISPANIC OR LATIN? () YES () NO	ARE YOU A VETERAN? () YES () NO	DO YOU HAVE HEALTH INSURANCE? () YES () NO	DO YOU RECEIVE MEDICAID? () YES () NO	DO YOU RECEIVE MEDICARE? () YES () NO
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PLEASE CHECK THE BOX BELOW THAT BEST DESCRIBES YOUR FAMILY TYPE:

() SINGLE FEMALE HEAD OF HOUSEHOLD w\CHILDREN	() SINGLE MALE HEAD OF HOUSEHOLD w\CHILDREN	() TWO PARENT HOUSEHOLD w\CHILDREN	() SINGLE PERSON	() TWO ADULTS WITH NO CHILDREN	() OTHER (PLEASE SPECIFY):
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PLEASE LIST ALL FAMILY MEMBERS WHO HAVE A SOURCE OF INCOME ON LINE A. PLEASE LIST THEIR MONTHLY INCOME FROM EACH SOURCE ON LINES 1 THRU 9 UNDER THEIR NAMES. DO NOT TOTAL THE LINES OR COLUMNS.

SOURCES OF INCOME	YOUR NAME HERE	NAME OF FAMILY MEMBER HERE	NAME OF FAMILY MEMBER HERE	NAME OF FAMILY MEMBER HERE
PRINT NAMES HERE →				
1. TANF (DSS)	\$	\$	\$	\$
2. SSI\SSD	\$	\$	\$	\$
3. SOCIAL SECURITY	\$	\$	\$	\$
4. PENSION / BENEFITS	\$	\$	\$	\$
5. SAFETY NET ASSISTANCE	\$	\$	\$	\$
6. UNEMPLOYMENT INSURANCE	\$	\$	\$	\$
7. EMPLOYMENT(GROSS SALARY)	\$	\$	\$	\$
8. OTHER SOURCES OF INCOME	\$	\$	\$	\$
TOTAL				

IF YOU DO RECEIVE ANY BENEFITS, PLEASE CHECK AND THEN PLEASE LIST MONTHLY AMOUNT NEXT TO THE \$ SIGN:

<input type="checkbox"/> SECTION 8 RENTAL ASSISTANCE? \$	<input type="checkbox"/> WOMEN, INFANTS, AND CHILDREN (WIC)? \$	<input type="checkbox"/> RENT FROM YOUR RENTAL PROPERTIES? \$	<input type="checkbox"/> RENT FROM BOARDERS? \$	<input type="checkbox"/> ALIMONY \$	<input type="checkbox"/> DISABILITY OR WORKERS COMPENSATION? \$
<input type="checkbox"/> UTILITY VOUCHER? \$	<input type="checkbox"/> PUBLIC HOUSING? \$	<input type="checkbox"/> FOOD STAMPS? \$	<input type="checkbox"/> VETERANS BENEFITS? \$	<input type="checkbox"/> CHILD SUPPORT? \$	<input type="checkbox"/> PAYMENTS FROM A TRUST? \$

PLEASE ANSWER THE FOLLOWING QUESTIONS:

ARE YOU AN AMERICAN CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF NO, DO YOU HAVE REFUGEE STATUS? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	IF NO, ARE YOU A QUALIFIED ALIEN? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	ARE YOU CURRENTLY ON PROBATION? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU CURRENTLY ON PAROLE? <input type="checkbox"/> YES <input type="checkbox"/> NO
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PLEASE CHECK THE BOX BELOW THAT BEST DESCRIBES YOUR RACE:

<input type="checkbox"/> BLACK OR AFRICAN-AMERICAN	<input type="checkbox"/> WHITE	<input type="checkbox"/> ASIAN	<input type="checkbox"/> NATIVE-AMERICAN OR ALASKAN NATIVE	<input type="checkbox"/> MULTI-RACIAL	<input type="checkbox"/> NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	<input type="checkbox"/> OTHER
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APPLICANT'S BIRTH NAME OR ANY OTHER NAME (ALIASES) YOU MAY HAVE USED IN THE PAST, IF ANY:

FIRST:	LAST:	MI:
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CERTIFICATION: I CERTIFY THAT THE INFORMATION I HAVE PROVIDED ON THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. IN ADDITION, I HEREBY AUTHORIZE GO SERVICES TO VERIFY ANY STATEMENTS I HAVE MADE ON THIS APPLICATION. I UNDERSTAND THAT I MAY BE REQUIRED TO DOCUMENT THE INFORMATION ABOUT MY SOURCES OF INCOME LISTED ON THIS APPLICATION. I AGREE THAT THIS APPLICATION SHALL REMAIN THE PROPERTY OF GO.

PLEASE PRINT YOUR NAME HERE

PLEASE SIGN YOUR NAME HERE

ENTER TODAY'S DATE HERE

RELEASE OF INFORMATION: PERSONAL PRIVACY LAW - NOTIFICATION TO GO CLIENTS. THE STATE'S PERSONAL PRIVACY LAW REQUIRES THAT WE TELL YOU WHAT WE WILL DO WITH THE INFORMATION CONTAINED ON THIS APPLICATION FOR ASSISTANCE. WE WILL USE THE INFORMATION YOU GIVE US ABOUT YOURSELF AND YOUR FAMILY TO DETERMINE IF YOU ARE ELIGIBLE FOR VARIOUS COMMUNITY PROGRAMS AND RESOURCES. THE SECTION OF THE LAW THAT GIVES US THE RIGHT TO COLLECT THIS INFORMATION IS IN SECTION 21 OF THE SOCIAL SERVICES LAW. IN ORDER TO MAKE SURE YOU GET ALL THE ASSISTANCE YOU AND\OR YOUR FAMILY IS ENTITLED TO WE MAY NEED TO VERIFY THE INFORMATION YOU GIVE US AND WE MAY NEED TO SHARE THIS INFORMATION WITH OTHER SERVICE PROVIDERS. WE ALSO USE THIS INFORMATION TO PROVIDE FUNDERS WITH STATISTICAL REPORTS ABOUT OUR CLIENTS. YOUR FAILURE TO PROVIDE US WITH THE INFORMATION WE NEED MAY PREVENT US FROM SECURING COMMUNITY RESOURCES FOR YOU AND\OR YOUR FAMILY. THE INFORMATION YOU PROVIDE US WILL BE KEPT STRICTLY CONFIDENTIAL. IN ORDER FOR US TO ASSIST YOU, WE NEED YOUR PERMISSION TO SHARE YOUR INFORMATION WITHIN OUR AGENCY AND WITH OUTSIDE AGENCIES.

PLEASE CHECK THE STATEMENT BELOW THAT YOU ARE MOST COMFORTABLE WITH. IF YOU NEED HELP WITH THIS SECTION, PLEASE ASK YOUR INTERVIEWER FOR ASSISTANCE. YES, YOU HAVE MY PERMISSION TO SHARE THE INFORMATION ON MY APPLICATION WITHIN GO AND WITH OTHER AGENCIES THAT MAY BE ABLE TO ASSIST ME AND\OR MY FAMILY. NO, YOU MAY NOT SHARE MY INFORMATION. YES, YOU MAY SHARE MY INFORMATION WITH THE FOLLOWING CONDITIONS: (LIST CONDITIONS HERE):

PLEASE PRINT YOUR NAME HERE

PLEASE SIGN YOUR NAME HERE

ENTER TODAY'S DATE HERE

INTAKE\INTERVIEWER SIGNATURE HERE: _____

PLEASE CHECK THE BOXES BELOW THAT BEST DESCRIBES YOUR CURRENT HOUSING SITUATION:

() Living in a Housing Unit which I own	() Living in a Rental Unit	() Living in Unsanitary or Unsafe Housing Conditions	() Victim of Domestic Violence	() Homeless
() Living in a Shelter	() Living in Transitional Homeless Housing	() Living with Friends or Relatives	ARE YOU CURRENTLY LIVING IN A: <input type="checkbox"/> Jail <input type="checkbox"/> Hospital <input type="checkbox"/> Psychiatric Facility <input type="checkbox"/> Substance Abuse Treatment Facility Name of Facility: _____	
ARE YOU BEING EVICTED? () YES () NO <i>If yes, please tell us why here:</i> _____				
HOW LONG HAVE YOU LIVED AT YOUR CURRENT ADDRESS?				
DO WE HAVE YOUR PERMISSION TO CONTACT YOUR CURRENT LANDLORD? () YES () NO If Yes, Please PRINT NAME OF CURRENT LANDLORD here: _____ Please PRINT PHONE NUMBER OF CURRENT LANDLORD here: _____				
WHAT IS YOUR CURRENT MONTHLY RENT OR MORTGAGE PAYMENT? \$				
DOES YOUR PAYMENT INCLUDE UTILITIES? () YES () NO If not what do you pay for? <input type="checkbox"/> ELECTRIC <input type="checkbox"/> GAS <input type="checkbox"/> OIL <input type="checkbox"/> PROPANE <input type="checkbox"/> WATER <input type="checkbox"/> SEWER <input type="checkbox"/> OTHER (please specify):				
DO YOU CURRENTLY LIVE IN PUBLIC HOUSING? () YES () NO				
HAVE YOU EVER BEEN CONVICTED OF A FELONY? () YES () NO If YES, please explain: _____ _____				
DO YOU RECEIVE RENTAL ASSISTANCE FROM ANY OTHER SOURCE? () YES () NO				
ARE YOU CURRENTLY EMPLOYED? () YES () NO If Yes, What is your position? Where do you work? How long have you been employed there?				
HAVE YOU RESIDED IN A RESIDENCE THAT HAS HAD BED BUGS WITHIN THE LAST 2 YEARS? () YES () NO If Yes, When? Date of extermination?				

REFERENCES: We require three (3) references not related to you.

Name: _____

Address: _____

Phone Number (s): _____

Years Known: _____

Relationship: _____

Name: _____

Address: _____

Phone Number (s): _____

Years Known: _____

Relationship: _____

Name: _____

Address: _____

Phone Number (s): _____

Years Known: _____

Relationship: _____