

Greater Opportunities for Broome and Chenango, Inc.
CAP Application

Enrollment Information			
Enrolling Agency: _____		Enrolling Site: _____	
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		Ethnicity: <input type="checkbox"/> Hispanic or Latino	
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		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: _____		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	
<input type="checkbox"/> Completed Job training Program, Professional Certificate or License Program Completion Date: _____		Employer/School Name: _____	
Contact Information Home Phone: _____		Email Address: _____	<input type="checkbox"/> Consent to receive text messages
		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	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"/> 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	
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	Number in Family (*Supported by PCG Income): _____ Number in Household(*Total number of people in the home): _____		<input type="checkbox"/> Pregnant Mother Before Enrollment (EHS Pregnant Services ONLY) Expected Delivery 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 Type: _____	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/Head of Household 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 if 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			Address: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Mailing		
_____			_____		
_____			_____		
County: _____ School District: _____			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 Type: _____			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 Type: _____ 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	
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 Type: _____ 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	
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 Type: _____ 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	

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 Only

I authorize Greater Opportunities for Broome and Chenango, 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, GOBC, Inc. becomes aware for any reason that any information you have provided GOBC, Inc. is untrue or inaccurate, GOBC, Inc. has the right to immediately terminate your eligibility to participate in this program.

Applicant Date

Co-Applicant Date

