

Greater Opportunities for Broome
and Chenango
Housing Rehabilitation/MHRP

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

Greater Opportunities for Broome
and Chenango
Housing Rehabilitation/MHRP

Do you have flood insurance? Yes No

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

Resident Name	Employer Name	Annual Gross Wages
	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.

	Amount	Name(s) of occupants receiving income
<input type="checkbox"/> Social Security		
<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		

Greater Opportunities for Broome
and Chenango
Housing Rehabilitation/MHRP

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.

- | | |
|---|---------------|
| <input type="checkbox"/> Foundation | Reason: _____ |
| <input type="checkbox"/> Roof | _____ |
| <input type="checkbox"/> Exterior siding | _____ |
| <input type="checkbox"/> Windows/doors | _____ |
| <input type="checkbox"/> Plumbing | _____ |
| <input type="checkbox"/> Heating system | _____ |
| <input type="checkbox"/> Electrical service | _____ |
| <input type="checkbox"/> Other | _____ |

Greater Opportunities for Broome
and Chenango
Housing Rehabilitation/MHRP

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

Co-Applicant signature

Date

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

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:

Greater Opportunities, Inc.
2024 CAP INTAKE FORM – HOUSING

Date: _____

Program Information		
Enrolling Agency: <u>Greater Ops - Norwich</u>		Program: _____
APPLICANT/HEAD OF HOUSEHOLD INFORMATION		
FirstName: _____	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"/> Pacific Islander <input type="checkbox"/> Other _____
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: _____ Income: _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Monthly <input type="checkbox"/> Yearly HIRE DATE: _____ TITLE: _____	
Contact Information Home Phone: _____	Email Address: _____ Mobile Phone: _____	<input type="checkbox"/> Consent to receive text messages Work Phone: _____
Address: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Mailing _____ _____ _____ County: _____ School District: _____		Address: <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Mailing _____ _____ _____ County: _____ School District: _____
HOUSEHOLD INFORMATION		
Family Structure: <input type="checkbox"/> Single Parent/Person <input type="checkbox"/> Two-Parent/Persons Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated	Head Of Household Info: (You Are :) 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	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

<input type="checkbox"/> Other _____	Other than Grandparent(s) <input type="checkbox"/> Foster Parent(s) <input type="checkbox"/> Step Parent <input type="checkbox"/> Other _____	Household <input type="checkbox"/> Unknown/Not Reported <input type="checkbox"/> Other _____
Number in Family (*Supported by PCG Income): _____ Number in Household (*Total number of people in the home): _____	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 Carrier: _____	<input type="checkbox"/> Pregnant Mother Before Enrollment (EHS Pregnant Services ONLY) Expected Delivery Date: _____
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 If Own Home – How Long: _____ 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/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: _____ Income: _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Monthly <input type="checkbox"/> Yearly HIRE DATE: _____ TITLE: _____	

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 Carrier: _____	Relation to Applicant: <input type="checkbox"/> Wife <input type="checkbox"/> Husband <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandparent(s) <input type="checkbox"/> Significant Other/girlfriend/boyfriend <input type="checkbox"/> Foster Parent(s) <input type="checkbox"/> Son <input type="checkbox"/> Daughter <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 Carrier: _____ Relation to Applicant: <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Parent <input type="checkbox"/> Grandparent(s) <input type="checkbox"/> Relative Other than immediate family <input type="checkbox"/> Foster child(s) <input type="checkbox"/> Other _____ Employer/School Name: _____ <input type="checkbox"/> N/A Income: _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Monthly <input type="checkbox"/> Yearly HIRE DATE: _____ TITLE: _____	

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 Carrier: _____ Relation to Applicant: <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Parent <input type="checkbox"/> Grandparent(s) <input type="checkbox"/> Relative Other than immediate family <input type="checkbox"/> Foster child(s) <input type="checkbox"/> Other _____ Employer/School Name: _____ <input type="checkbox"/> N/A Income: _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Monthly <input type="checkbox"/> Yearly HIRE DATE: _____ TITLE: _____	

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	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 Carrier: _____	
---	---	--

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	Relation to Applicant: <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Parent <input type="checkbox"/> Grandparent(s) <input type="checkbox"/> Relative Other than immediate family <input type="checkbox"/> Foster child(s) <input type="checkbox"/> Other _____ Employer/School Name: _____ <input type="checkbox"/> N/A Income: _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-Monthly <input type="checkbox"/> Yearly HIRE DATE: _____ TITLE: _____ USE ADDITIONAL PAPER IF NEEDED FOR OTHER FAMILY MEMBER INFO
--	---

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

FOR: Budget Counseling, Financial Capabilities, Mobile Home Replacement, Home Rehabilitation, First Time Home Buyer, and Revolving Loan Fund Program Requirements

I authorize Greater Opportunities, 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 **OR** for Budget and Financial Counseling Purposes for First Time Home Buyer Grant Programs **OR** Manufactured Home Replacement Program **OR** Home Rehabilitation Program requirements.
- 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, Greater Ops, Inc becomes aware for any reason that any information you have provided Greater Ops, Inc. is untrue or inaccurate, Greater Ops, Inc. has the right to immediately terminate your eligibility to participate in this program.

Applicant Date

Co-Applicant Date