



DELAWARE OPPORTUNITIES INC.

35430 STATE HIGHWAY 10, HAMDEN, NY 13782

PHONE (607) 746-1600 • FAX (607) 746-1605

email: delopp@delawareopportunities.org

website: www.delawareopportunities.org

SERVING
DELAWARE COUNTY

HEAD START
RESPITE CARE
SERVICES COORDINATION
BIG BUDDY
PARENT AIDE
DAY CARE

RESOURCE/REFERRAL
(Registration)
(Subsidies)
(USDA Sponsor)
(Inspections)
HEALTHY FAMILIES

SENIOR DINING

SAFE AGAINST VIOLENCE
(Domestic Violence)
(Rape Crisis)
(Crime Victims)

JOBS WORK CREW
JOB COACHES

EMPLOYMENT AND TRAINING

COMMUNITY FOOD AND NUTRITION

WEATHERIZATION

HOUSING ASSISTANCE AND
COMMUNITY DEVELOPMENT
(Housing Development)
(Homeownership/Tenant Counseling)
(Rental Assistance)
(Housing Rehabilitation)

HEAP

FAMILY DEVELOPMENT

FAMILY RESIDENCES
INDEPENDENT LIVING SKILLS

WIC
(Women, Infants and Children)
(Car Seat Safety)

NEIGHBORHOOD CENTER
CLOTHING/HOUSEHOLD GOODS/
AND FOOD BANK SERVICES

EMERGENCY FOOD
AND SHELTER

HOMELESS ASSISTANCE

TRANSPORTATION

Please return this First Time Homeowners
application and all documents to:

**Delaware Opportunities Inc.
Housing Office
35430 State Hwy 10
Hamden, NY 13782
607-746-1650 ext 655
607-746-1648 fax**

- Social security cards for all household members.
- Verification of income for the past month.
- Copies of the past two years income returns.
- Copy of your credit report. Obtain free once a year at www.annualcreditreport.com.
- Authorization of release of information signed and notarized.

"Helping people become self-sufficient and attain a better quality of life." since 1965

Steps to Homeownership Class

Some of the topics covered include:

- ❖ Advantages and drawbacks of homeownership
- ❖ Can you afford to buy a house?
- ❖ Finding the "right" house
- ❖ The home inspection
- ❖ Shopping and applying for a loan
- ❖ Preparing for a closing
- ❖ Understanding your obligations as a borrower
- ❖ Maintaining your home
- ❖ Financial planning

Classes presented by a HUD Certified Housing Counselor.

Speakers representing the housing industry will participate including Home Inspectors, Lending Institutions and Realtors.

This class is required to qualify for first-time homebuyer's grant assistance.

Pre-registration is required.

Classes will be held monthly at the Delaware Opportunities building in Hamden.

For information or to register please call
Mary Kilmer @ 607-746-1650

Mary.kilmer@delawareopportunities.org



EQUAL HOUSING
OPPORTUNITY



Delaware Opportunities Housing Office

35430 State Hwy 10
Hamden, NY 13782

(607) 746-1650
www.delawareopportunities.org

Customer Intake Form

CUSTOMER *Please Print Clearly*

Name: _____
First MI Last

Street _____

City _____ State _____ Zip Code _____

Home: (____) _____ - _____ Work: (____) _____ - _____ Email: _____

Fax: (____) _____ - _____ Pager: (____) _____ - _____ Mobile/Cell (____) _____ - _____

_____-_____-_____
Social Security Number Birth Date

Race (please circle):

- 1. White
- 2. Black or African American
- 3. American Indian/Alaskan Native
- 4. Asian
- 5. Native Hawaiian/Other Pacific Islander
- 6. American Indian/Alaskan Native and White
- 7. Asian and White
- 8. Black/African American and White
- 9. American Indian/Alaskan Native and Black
- 10. Other

Ethnicity (please select "yes" or "no" for Hispanic Origin. You should select both a "Race" category and a "yes" or "no" for Hispanic origin:)

Hispanic: Yes No

Immigrant Status (please select one):

- 1. You are U.S. born and 1 or both of your parents are foreign born
- 2. You are U.S. born but 1 or both grandparents foreign born
- 3. You are foreign born
- 4. You, your parents and grandparents are all U.S. born

Marital Status (please circle): 1. Single 2. Married 3. Divorced 4. Separated 5. Widowed

Gender (please circle): Male Female

Handicapped? Yes No

Current Housing Arrangement (please circle): Since _____

- 1. Rent
- 2. Homeless
- 3. Homeowner with mortgage
- 4. Living with family member and not paying rent
- 5. Homeowner with mortgage paid off

Are you a first Time Buyer (you do not currently own a home and have not owned a home in the past three years)?
Yes No

Household Type (please select the most accurate)?

- 1. Female headed single parent household
- 2. Male headed single parent household
- 3. Single adult
- 4. Two or more unrelated adults
- 5. Married with children
- 6. Married without children
- 7. Other

Family/Household Size: _____ **How many dependents (other than those listed by any co-borrower)?** _____

What ages are they? _____

Are there non-dependents who will be living in the home? Yes No *If yes, list below:*

Relationship _____ Age _____ Relationship _____ Age _____

Annual Family or Household Income: \$ _____

Education (please circle one):

- 1. Below High School Diploma
- 2. High School Diploma or Equivalent
- 3. Two-Year College
- 4. Bachelors Degree
- 5. Masters Degree
- 6. Above Masters Degree

Referred to by (please circle all that apply):

- Print Advertisement
- Bank
- Government
- TV
- Staff/Board member
- Walk-In
- Friend
- Radio
- Realtor
- Newspaper Article

If you were referred by a bank, which one? _____

If referred by another source not listed above, which one? _____

CO-APPLICANT

Name: _____
First MI Last

Street _____

City _____ State _____ Zip Code _____
Home: (____) _____ - _____ Work: (____) _____ - _____ Email: _____

Social Security Number _____ Birth Date ____/____/____

Race (please circle):

- 1. White
- 2. Black or African American
- 3. American Indian/Alaskan Native
- 4. Asian
- 5. Native Hawaiian/Other Pacific Islander
- 6. American Indian/Alaskan Native and White
- 7. Asian and White
- 8. Black/African American and White
- 9. American Indian/Alaskan Native and Black
- 10. Other

Ethnicity (please select "yes" or "no" for Hispanic Origin. You should select both a "Race" category and a "yes" or "no" for Hispanic origin:

Hispanic: Yes No

Immigrant Status (please select one):

- 1. You are U.S. born and 1 or both of your parents are foreign born
- 2. You are U.S. born but 1 or both grandparents are foreign born
- 3. You are foreign born
- 4. You, your parents and grandparents are all U.S. born

Marital Status (please circle): Single Married Divorced Separated Widowed

Gender (please circle): Male Female

Handicapped? Yes No

Education (please circle one):

- 1. Below High School Diploma
- 2. High School Diploma or Equivalent
- 3. Two-Year College
- 4. Bachelors Degree
- 5. Masters Degree
- 6. Above Masters Degree

Relationship to Customer (please circle): Spouse Daughter Son Sister Brother Girlfriend
Boyfriend Mother Father Other: _____

CUSTOMER EMPLOYMENT — Last 2 Years

Please Print Clearly

Primary Employer: _____

Title Hire Date

Street City State Zip Code

Phone: (____) _____

Part-Time or Full-Time (Please Circle)

Gross Income (before taxes): \$ _____

Is this amount paid _____ hourly _____ weekly _____ every two weeks _____ twice a month _____ monthly?

Previous Employer: _____

Title Length of Employment

Street City State Zip Code

Phone: (____) _____

Part-Time or Full-Time (Please Circle)

Continue listing previous employers on a separate sheet of paper.

Secondary Employer: _____

Title Hire Date

Street City State Zip Code

Phone: (____) _____

Part-Time or Full-Time (Please Circle)

Gross Income (before taxes): \$ _____

Is this amount paid _____ hourly _____ weekly _____ every two weeks _____ twice a month _____ monthly?

CO-APPLICANT EMPLOYMENT — Last 2 Years

Primary Employer: _____

Title Hire Date

Street City State Zip Code

Phone: (____) _____

Part-Time or Full-Time (Please Circle)

Gross Income (before taxes): \$ _____

Is this amount paid _____ hourly _____ weekly _____ every two weeks _____ twice a month _____ monthly?

Previous Employer: _____

Title Length of Employment

Street City State Zip Code

Phone: (____) _____

Part-Time or Full-Time (Please Circle)

Continue listing previous employers on a separate sheet of paper.

Secondary Employer: _____

Title Hire Date

Street _____
 Phone: (____) _____ - _____

City _____

State _____

Zip Code _____

Part-Time or Full-Time (Please Circle)

Gross Income (before taxes): \$ _____

Is this amount paid _____ hourly _____ weekly _____ every two weeks _____ twice a month _____ monthly?

INCOME		<i>Please Print Clearly</i>	
Type of Income	CUSTOMER Monthly Amount	CO-APPLICANT Monthly Amount	
Salary			
Alimony/Child Support			
Rental Income			
Social Security			
Pension Income			
Public Assistance			
Self-employment Income			
Dependent SSI Income			
Disability Income			
Other Employment			

	CUSTOMER		CO-APPLICANT	
	Yes	No	Yes	No
Can you document your child support/alimony income? If yes, how long will it continue?	_____	_____	_____	_____
If your child or a family member receives SSI, how many more years will the payments continue?	_____	_____	_____	_____
If you receive disability income, is it for a permanent disability?	Yes	No	Yes	No
Regarding other employment, have you worked in this field for two years or more?	Yes	No	Yes	No

LIABILITIES/DEBT

Please list any debts you have, including credit cards, auto loans, student loans, and child-care expenses. Do NOT include rent or utilities.

<i>Paid To</i>	<i>Current Balance</i>	<i>Monthly Payment</i>	<i>Who's Debt? C=Customer, A=Co-Applicant B=Both</i>
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Please use additional sheets if necessary.

	CUSTOMER		CO-APPLICANT	
<i>Have your payments been made on time?</i>	<i>Yes</i>	<i>No</i>	<i>Yes</i>	<i>No</i>
<i>Are you currently in Chapter 13 bankruptcy?</i>	<i>Yes</i>	<i>No</i>	<i>Yes</i>	<i>No</i>
<i>If yes, when did it begin? _____</i>				
<i>If yes, when will it be paid out? _____</i>				
<i>If yes, how much is the payment? _____</i>				
<i>Have you had a Chapter 7 bankruptcy?</i>	<i>Yes</i>	<i>No</i>	<i>Yes</i>	<i>No</i>
<i>If yes, when was it discharged? _____</i>				

LIQUID FUNDS/SAVINGS/INVESTMENTS

Please Print Clearly

Please list the approximate value of the following:

	CUSTOMER	CO-APPLICANT
Checking account		
Savings account		
Cash		
CDs		
Securities (stocks, bonds, etc.)		
Retirement account		
Other Liquid Funds		

Are you about to receive additional funds (e.g., tax refunds, property sales, etc.)? (circle)

Yes No

If yes, how much? \$ _____

LIVING EXPENSES

	<i>CUSTOMER</i>	<i>CO-APPLICANT</i>
Current monthly rent or mortgage		
Electric/Gas/Solid Waste		
Telephone		
Cellular/Pager		
Cable/Satellite TV		
Other Living Expenses		

ADDITIONAL INFORMATION

	<i>CUSTOMER</i>		<i>CO-APPLICANT</i>	
<i>Have you owned a home in the last three (3) years?</i>	<i>Yes</i>	<i>No</i>	<i>Yes</i>	<i>No</i>
<i>Are you a Veteran?</i>	<i>Yes</i>	<i>No</i>	<i>Yes</i>	<i>No</i>
<i>Do you have a contract on a house at this time?</i>	<i>Yes</i>	<i>No</i>		
<i>Are you currently working with a real-estate agent?</i>	<i>Yes</i>	<i>No</i>		
<i>Most convenient time for an individual appointment?</i>	___ <i>AM</i>	___ <i>PM</i>		

AUTHORIZATION

I authorize the Housing Counseling Agency to:

- (a) obtain a copy of the HUD-1 Settlement Statement, 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 result in civil liability and/or criminal liability under the provisions of Title 18, United States Code, Section 1001.

Customer

Date

Co-Applicant

Date



**Please return application to: Delaware Opportunities Inc.
Housing Office
35430 State Hwy 10
Hamden, NY 13782
607-746-1650 ext. 654
607-746-1648 Fax**



DELAWARE OPPORTUNITIES INC.

35430 STATE HIGHWAY 10, HAMDEN, NY 13782

PHONE (607) 746-1600 • FAX (607) 746-1605

email: delopp@delawareopportunities.org

website: www.delawareopportunities.org

DELAWARE OPPORTUNITIES HOUSING COUNSELING

SERVING
DELAWARE COUNTY

HEAD START
RESPITE CARE
SERVICES COORDINATION
BIG BUDDY
PARENT AIDE
DAY CARE
RESOURCE/REFERRAL
(Registration)
(Subsidies)
(USDA Sponsor)
(Inspections)
HEALTHY FAMILIES

SENIOR DINING

SAFE AGAINST VIOLENCE
(Domestic Violence)
(Rape Crisis)
(Crime Victims)

JOBS WORK CREW
JOB COACHES

EMPLOYMENT AND TRAINING

COMMUNITY FOOD AND NUTRITION

WEATHERIZATION

HOUSING ASSISTANCE AND
COMMUNITY DEVELOPMENT
(Housing Development)
(Homeownership/Tenant Counseling)
(Rental Assistance)
(Housing Rehabilitation)

HEAP

FAMILY DEVELOPMENT

FAMILY RESIDENCES
INDEPENDENT LIVING SKILLS

WIC
(Women, Infants and Children)
(Car Seat Safety)

NEIGHBORHOOD CENTER
CLOTHING/HOUSEHOLD GOODS/
AND FOOD BANK SERVICES

EMERGENCY FOOD
AND SHELTER

HOMELESS ASSISTANCE

TRANSPORTATION

Program Disclosure Form

(NOTE: If you have an impairment, disability, language barrier, or otherwise require an alternative means of completing this form or accessing information about housing counseling, please talk to your housing counselor about arranging alternative accommodations)

About Us and Program Purpose: Delaware Opportunities is a not-for-profit, HUD-approved comprehensive housing counseling agency. We provide free education workshops and a spectrum of housing counseling including pre-purchase, foreclosure prevention, non-delinquency post-purchase, rental, and homeless counseling. We serve all clients regardless of income, race, color, religion/creed, sex, national origin, age, family status, disability, or sexual orientation/gender identity. We administer our programs in conformity with local, state, and federal anti-discrimination laws, including the federal Fair Housing Act (42 USC 3600 et seq.)

As a housing counseling participant, please affirm your roles and responsibilities along with the following disclosures (your signature at the close of this form will indicate that you agree with these responsibilities).

Client and Counselor Roles and Responsibilities	
Counselor's Roles and Responsibilities	Client's Roles and Responsibilities
<ul style="list-style-type: none"> * Reviewing your housing goal and you finances which includes your income, debts, assets, and credit history * Preparing a Client Action Plan that lists the steps that you and your counselor will take in order to achieve your housing goal * Preparing a household budget that will help you manage your debt, expenses, and savings. * Your counselor is not responsible for achieving your housing goal, but will provide guidance and education in support of your goal. * Neither your counselor nor Delaware Opportunities employees, agents, or directors may provide legal advice. 	<ul style="list-style-type: none"> * Completing the steps assigned to you in your Client Action Plan * Providing accurate information about your income, debts, expenses, credit, and employment. * Attending meetings, returning calls, providing requested paperwork in a timely manner * Notifying Delaware Opportunities or your counselor when changing housing goal(s) * Attending educational workshop(s) (i.e. pre-purchase counseling workshop) as recommended * Retaining an attorney if seeking legal advice and/or representation in matters such as foreclosure or bankruptcy protection.
<p>Termination of Services: Failure to work cooperative with your housing counselor and/or Delaware Opportunities will result in the discontinuation of counseling services. This includes, but is not limited to, missing three consecutive appointments.</p>	

Agency Conduct. No Delaware Opportunities employee, officer, director, contractor, volunteer, or agent shall undertake any action that might result in, or create, the appearance of, administering counseling operations for personal or private gain, provide preferential treatment for any person or organization, or engage in conducting that will compromise our agency's compliance with federal regulations and our commitment to serving the best interests of our clients.

"Helping people become self-sufficient and attain a better quality of life." since 1965



DELAWARE OPPORTUNITIES INC.

35430 STATE HIGHWAY 10, HAMDEN NY 13782

HOUSING DEPARTMENT

PHONE (607) 746-1650 * FAX (607) 746-1648

SERVING
DELAWARE COUNTY

HEAD START
RESPITE CARE
SERVICES COORDINATION
BIG BUDDY
PARENT AIDE
DAY CARE
RESOURCE/REFERRAL
(Registration)
(Subsidies)
(USDA Sponsor)
(Inspections)
EVEN START
PREGNANT AND PARENTING TEENS

SENIOR DINING

SAFE AGAINST VIOLENCE
(Domestic Violence)
(Rape Crisis)
(Crime Victims)

JOBS WORK CREW
JOB COACHES

EMPLOYMENT AND TRAINING

COMMUNITY FOOD AND NUTRITION

WEATHERIZATION

HOUSING ASSISTANCE AND
COMMUNITY DEVELOPMENT
(Housing Development)
(Homeownership/Tenet Counseling)
(Rental Assistance)
(Housing Rehabilitation)

HEAP

FAMILY DEVELOPMENT

FAMILY RESIDENCES
INDEPENDENT LIVING SKILLS

WIC
(Women Infants and Children)
(Car Seat Safety)

NEIGHBORHOOD CENTER
CLOTHING/HOUSEHOLD GOODS/
AND FOOD BANK SERVICES

EMERGENCY FOOD
AND SHELTER

HOMELESS ASSISTANCE

TRANSPORTATION

AUTHORIZATION

For Release of Information

I, _____ (legal name), do hereby authorize any agencies, offices, groups, organizations or business firms to release to **Delaware Opportunities Inc.** any information or materials which are deemed necessary to complete and verify my application for participation and or to maintain my continued assistance under the federally funded Section 8 Voucher Program, the Community Development Block Grant Program, the New York State HOME Program and/or Low Income Housing Programs. These organizations are to include, but not limited to: financial institutions; Employment Security Commission; past or present employers; Social Security Administration; welfare and food stamp agencies; Veterans Administration; court clerks; utility companies; Workmen's Compensation Payers; hospitals; public and private retirement systems; law enforcement agencies; attorneys; attorneys, credit providers and banks.

I understand that the Department of Housing and Urban Development (HUD) or the State of New York may conduct computer matching programs in order to verify the information supplied on my application or recertification. It is understood and agreed that this authorization or the information obtained with its use may be given to and used by HUD or the State in the administration and enforcement of program rules and regulations and that they may be given to and used by HUD or the State in the administration and enforcement of program rules and regulations and that they may in the course of their duties obtain such information from other Federal, state and local agencies, including State Employment Security Agencies; Department of Defense; Office of Personnel Management, the Social Security Administration and State welfare and food stamp agencies.

It is with my understanding and consent that a photocopy of this authorization may be used for the purpose of the stated above.

Signed:

_____ Date _____

Social Security Number: _____

Official Notarization:

Signature _____ Date _____

Stamp and expiration:

"Helping people become self sufficient and attain a better quality of life." Since 1965

DELAWARE OPPORTUNITIES INC.
NEW CLIENT INTAKE FORM

SS # _____ TODAY'S DATE _____

LAST NAME _____ FIRST NAME _____ M.I. _____

DATE OF BIRTH _____

ADDRESS _____

TOWN _____ ZIP _____ PHONE _____

PLEASE CIRCLE ALL THAT APPLY:

GENDER: Male/Female

OTHER CATEGORIES

MISCELLANEOUS:

DISABILITY: Yes/No

A Farmer

Medicare: Yes/No

ETHNICITY/RACE:

B Migrant Farmer

No Health Insurance

PI Hawaiian/Pacific Islander

C Seasonal Farmer

B Black/African American

VETERAN: Yes/No

INCOME: _____

W White

DISABLED: Yes/No

A Weekly

H Hispanic

PERSONS IN HOUSE

B Bi-Weekly

N American Indian

A Asian

FAMILY TYPE:

C Monthly

O Other

F Single parent/Female

D Yearly

M Multi/Two or More

M Single parent/Male

SOURCE OF INCOME:

EDUCATION:

T Two parent Household

A Employment Only

A 0-8

S Single person

B Unemployment Ins.

B 9-12 non grad

C Two Adults/No Children

C Soc. Security

C High school grad/GED

O Other

D TANF

D 12+

HOUSING STATUS:

E Home Relief

E 2 or 4 year College Grad

R Rent

F SSI

FOOD STAMPS: Yes/No

O Own

G No Income

HEALTH INSURANCE:

H Homeless

H Pension

Yes Not Medicaid

OT Other

I Other

Medicaid Yes/No

HOUSEHOLD MEMBERS

LAST NAME	FIRST NAME	M/F	BIRTHDATE	DISABILITY: Y/N
-----------	------------	-----	-----------	--------------------

A4 Access legal or other remedies					A3 Elderly rental assistance				
72 Achieve homeownership					84 Emergency food 6.2a				
76 Obtain day care subsidy	2.1f				66 Increase hours worked				
B7 Emergency furnace repair					85 Maintain day care license				
78 Complete BEST	1.2a				61 Maintain employment 90 days 1.1b				
82 Complete or participate in ILS					88 Nutrition improvement - WIC 6.3				
A6 Enrolled in foster care agency homes	6.3f				81 Obtain car seat or car seat training 2.2c				
75 Jobs work crew or other employ training (not BEST)					60 Obtain employment 1.1a				
21 Attend day care training					67 Obtain health insurance				
90 Disabled maintain independent living (Respite) 6.4b					74 Obtain reliable transportation or driver's license 1.2f				
63 One month rent or utility/FEMA 6.2b					69 Obtain or maintain standard housing for non-elderly 1.2h				
89 Elderly maintain independent living (Senior Dining)					23 Attend Head Start 6.3c				
A2 Received emergency service 6.2					53 Receiving transportation (DSST, CSBG, OFA, etc.) 2.1h				
71 Enrolled in post-secondary education					A1 Reduce heating costs (HEAP) 1.2j				
97 Participating in family development 6.3k					54 Reduce energy burden (Weatherization) 1.2k				
91 Move from homeless to stable living					A7 Safe from abuse (SAV) 6.2g				
20 Housing rehabilitation 2.1d					B2 Sexual assault counseling				
83 Improved household budgeting					65 Maintain employment for one year				
92 Improved nutrition (CACFP) 1.2i					A5 Youth increase skills for school success/Big Buddy 6.3i				
80 Improved parenting (Parent Aide) 6.3j					70 Obtain GED/Adult Basic Education 1.2b				
68 Obtain increase in employment income or benefits 1.1c					30 Obtain/Maintain child care 1.2e				