DELAWARE OPPORTUNITIES INC.

35430 State Highway 10, Hamden, NY 13782

Phone: (607) 746-1600 Fax: (607) 746-1605
Email: info@delop.org
Website: www.delawareopportunities.org

Waiting List Application:
Please select the housing program you want to apply for. **You can select more than one waiting list.**

NY904 (State Funded) ☐

NY541 (Federally Funded) ☐

Circle Drive, Sidney (PBV) ☐

*** Paper Application required for NY541 waiting list.**

To Apply Online:

https://section8.hcr.ny.gov/Account/Login

*** Paper Application required for NY541 waiting list.**

For Internal Office Use Only:

Date: _____

Time: _____

Staff Initials: _____

WAITING LIST APPLICATION

Delaware Opportunities Inc. Housing Choice Voucher (HCV) Program

This form must be completed by the Head of Household. Use the legal name for each household member.

Note: If you have an impairment, disability, language barrier, or otherwise require an alternative means of completing this form or accessing information about the HCV program, please talk to a Housing Specialist about arranging alternative accommodations.

Date	*Head of Household Name*	*Email Address*

Home Phone	Work Phone	Cell Phone	Other Phone

Address (Please list last known address if you are currently homeless	Apt #	City	State	Zip Code

☐ Yes ☐ No	Is your mailing address the same as listed above? If NO Completed below

Mailing Address	Apt #	City	State	Zip Code

If selected for the waiting list, you will be required to provide proof of residency if your address is located in the location of the waiting list for which you are applying.

***** Be sure to update the office if there is a change in any contact information (phone, email, mailing address).

HOUSEHOLD: List all People who will live in the home.

Please Note that information about disability status and age may be used to determine selection form the waiting list.
Enter information about all family members who will live in the home, including any unborn children.
Relation: head of household, spouse, domestic partner, co-head, son, daughter, foster child, live in aide, other adult
Race: Black/African American, American Indian/Alaska Native, Asian, Native Hawaiian/Other Pacific Islander, White

1.HEAD OF HOUSEHOLD							
LAST NAME		FIRST NAME		MI	DATE OF BIRTH	SEX	RELATION
							HEAD
Disability ☐Yes ☐ No	U.S. Citizen ☐ Yes ☐No	Full-time Student ☐ Yes ☐ No	Race		Hispanic/Latino ☐ Yes ☐ No	Social Security #	Alien Registration #
2. HOUSEHOLD MEMBER							
LAST NAME		FIRST NAME		MI	DATE OF BIRTH	SEX	RELATION
Disability ☐Yes ☐ No	U.S. Citizen ☐ Yes ☐ No	Full-time Student ☐ Yes ☐ No	Race		Hispanic/Latino ☐ Yes ☐ No	Social Security #	Alien Registration #
3. HOUSEHOLD MEMBER							
LAST NAME		FIRST NAME		MI	DATE OF BIRTH	SEX	RELATION
Disability ☐Yes ☐ No	U.S. Citizen ☐ Yes ☐ No	Full-time Student ☐ Yes ☐ No	Race		Hispanic/Latino ☐ Yes ☐ No	Social Security #	Alien Registration #
4. HOUSEHOLD MEMBER							
LAST NAME		FIRST NAME		MI	DATE OF BIRTH	SEX	RELATION
Disability ☐Yes ☐ No	U.S. Citizen ☐ Yes ☐No	Full-time Student ☐ Yes ☐ No	Race		Hispanic/Latino ☐ Yes ☐ No	Social Security #	Alien Registration #

5. HOUSEHOLD MEMBER							
LAST NAME		FIRST NAME		MI	DATE OF BIRTH	SEX	RELATION
Disability ☐Yes ☐ No	U.S. Citizen ☐ Yes ☐No	Full-time Student ☐ Yes ☐ No	Race		Hispanic/Latino ☐ Yes ☐ No	Social Security #	Alien Registration #
6. HOUSEHOLD MEMBER							
LAST NAME		FIRST NAME		MI	DATE OF BIRTH	SEX	RELATION
Disability ☐Yes ☐ No	U.S. Citizen ☐ Yes ☐ No	Full-time Student ☐ Yes ☐ No	Race		Hispanic/Latino ☐ Yes ☐ No	Social Security #	Alien Registration #

ADDITIONAL HOUSEHOLD INFORMATION

YES	NO	Question	
		Are you currently homeless?	
		Is any household member a U.S. military veteran?	
		Is any household member subject to lifetime sex offender registration?	
		If Yes?	Who:
			State:
		Has any household member been convicted of any crime (besides traffic violations)?	
		If Yes?	Who:
			State:
		Has any household member been convicted of drug-related criminal activity for the manufacture or production of methamphetamine on the premises of federally assisted housing?	
		If Yes?	Who:
			State:

Family's Annual Income

Complete all income sources for the family including, but not limited to: wages, Welfare/TANF, outside contributions, self-employment income, child support, unemployment, Social Security and SSI		
Household Member Name	Type of Income (wage, SS, SSI, TANF, contribution, child support, etc.)	Amount of income per year
		$
		$
		$
		$
		$
		$
		$
Total Family Income		$

Family Assets

Complete the following for all assets owned by a household member including, but not limited to: checking accounts, savings accounts, property held as an investment, bonds, IRD, life insurance policy, money market account, 401K, and trust funds				
Household Member Name	Name and Full address and Phone Number or Email Address of Asset	Cash Value	Interest Rate	Annual Income
1				
2				
3				
4				
5				

CERTIFICATION STATEMENT

I/we certify that all the information provided is accurate and completed to the best of my/our knowledge. I/we have reviewed this form and certify that the information shown is true and correct.

Criminal and Administrative Actions for False Information

I/we understand that knowingly supplying false, incomplete or inaccurate information is punishable under Federal or State criminal law. I/we understand that knowing supplying false, incomplete or inaccurate information is grounds for termination of housing assistance, termination of tenancy or denial of assistance.

*** Anyone in the household 18 years or older must sign the application.**

_____ _____

Signature of Head of Household Date

_____ _____

Signature of Spouse/Co-Head Date

_____ _____

Additional Adult Date

_____ _____

Additional Adult Date

WARNING: SECTION 1001 OF TITLE 18, OF THE U.S. CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFUL FALSE STATEMAENTS OR MISREPRESENTATIONS TO ANY DEPARTMENT OF AGENCY OF THE U.S. AS TO ANY MATTER WITHIN ITS JURISDICTION

OMB Control # 2502-0581
Exp. (02/28/2019)

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	**Cell Phone No:**
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	**Cell Phone No:**
E-Mail Address (if applicable):	
Relationship to Applicant:	

Reason for Contact: (Check all that apply)

- ☐ Emergency
- ☐ Unable to contact you
- ☐ Termination of rental assistance
- ☐ Eviction from unit
- ☐ Late payment of rent
- ☐ Assist with Recertification Process
- ☐ Change in lease terms
- ☐ Change in house rules
- ☐ Other: _____

Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.

Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.

Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.

☐ Check this box if you choose not to provide the contact information.

Signature of Applicant **Date**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

Delaware Opportunities Inc. Agency Intake Form

PLEASE PRINT ALL AREAS NEATLY AND LEGIBLY

Please complete the front and back of this form to the best of your knowledge; all information provided is strictly confidential and may be shared with other programs at Delaware Opportunities Inc. with your signed consent.

Applicant signature: _____

Staff signature if unable to obtain a signature and verbal consent was obtained: _____

Program: _____ Date of visit: _____ Service site: _____

Social security number: _____-_____-_____

First name: _____ MI: _____ Last name: _____ DOB: _____

Mailing address:

_____

House number Apt # Street City State Zip Code Town

Physical address:

_____

House number Apt # Street City State Zip Code Town

County: _____

Best way to reach you: (circle one) email mail home phone cell phone message phone/other

home phone number: _____ cell phone number: _____

email address: _____ message phone/other/social media name: _____

Household type, check one:

☐ single person ☐ two adults no children ☐ household with multiple adults no children ☐ single parent female
☐ single parent male ☐ single person only ☐ two parent household ☐ non-related adults with children
☐ multigenerational household ☐ other ☐ unknown or not reported

Housing situation, check one:

☐ homeless ☐ other ☐ other permanent housing ☐ own ☐ own mobile home ☐ own multifamily ☐ rent
☐ temp stable ☐ temp unstable

Information regarding gender, education, or disability is collected for statistical information only. This information will not be used to determine eligibility. Some of this information is requested by the Federal Government in order to monitor laws prohibiting discrimination against those seeking services. You are not required to furnish this information, but you are encouraged to do so.

For office use only:

_____ Initials of staff that entered data into Captain/central intake _____ date

_____ Initials of staff that entered data into program intake _____ date

_____ Initials of staff that returned intake to program _____ date

Social security number	First Name	Middle Initial	Last Name	Date of Birth	Sex: Male (**M**) Female (**F**) Refused (R)	Pregnant: Y or N	Marital status: see codes	Relation to applicant; see	Ethnicity: Hispanic: Y or N	Race: see codes below	Education: see codes below	Health Insurance: see codes	Veteran: Y or N (If Active; A)	Disabled: Y or N	Work status: See codes	Farmer: Y or N	Disconnected youth: see	Benefits received by participant (see codes below)
APPLICANT from front page	**JOHN**	**J**	**SMITH**	**01/01/2010**	**M**	**N**	**A**	**A**	**Y**	**E**	**E**	**H**	**Y**	**N**	**B**	**N**	**F**	**D, C**

Marital Status

A. Single

B. Married

C. Widowed

D. Separated

E. Divorced

F. Other

G. Unspecified

Relation to Applicant

A. Applicant
B. Mother
C. Mother figure
D. Father
E. Father figure
F. Child
G. Sister
H. Brother
I. Guardian
J. Friend
K. Spouse
L. Grandparent
M. Foster parent
N. Foster child
O. Grandchild
P. Other
Q. Other related
R. Partner
Q. Relative
S. Stepfather
T. Stepmother

Race

A. Native American
B. Asian
C. Caucasian/White
D. African American/Black **E**. Bi-Racial/Multi Racial
F. Hawaiian/Pacific Islander
G. Other_____
H. Unknown/not reported

Education

A. 0-8
B. 9-12 Non-grad
C. High School grad
D. GED
E. 12+ some college
F. 2 yr. college grad
G. 4 yr. college grad
H. Vocational
U. Unspecified

Insurance

P. Private
A. Medicare
H. Medicaid/Fidelis
E. Employment Based
M. Military
C. Child Health Plus
N. None
U. Unspecified

Work status

A. Full time
B. Part time
C. Retired
D. Unemployed short term 6 months or less
E. Unemployed long term over **6** months
F. Unemployed/not in labor force
G. Unknown/not reported

Disconnected Youth

A. In School/Not Working
B. In school/Working
C. Not in school/Not Working
D. Over 24
E. Unknown/Not Reported
F. Working/Not in school

Benefits received by participant

I. Affordable care act/Marketplace
H. Child care voucher/day care subsidy
D. Housing choice voucher/Section 8 **C**. HEAP
N. None
J. Other
A. SNAP/food stamps
K. Unknown/not reported
B. WIC
U. Unknown/not reported

Delaware Opportunities Income Eligibility Worksheet

Last Name: _____ First Name: _____MI:_____

Street: _____City/Town: _____

State: _____ Zip Code: _____

List only ONE income source per line. If a HH member has more than one source of income, ie: wages and child support, use a separate line for each income type.

Household member (including self)	Income source from chart below	Monthly Amount	Notes (if needed)

Source of Income

A. Alimony
B. Child Support
C. None
D. Other
E. Pension
F. Private Disability
G. Public Assistance/TANF
H. Rental Income
I. Self-employed
J. Social Security
K. SSDI
L. SSI
M. Unemployment Insurance
N. Unspecified
O. Veterans benefits
P. Wages
Q. Workman's Compensation
R. Not reported