



DELAWARE OPPORTUNITIES INC.

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Email: info@delop.org

Website: www.delawareopportunities.org

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:

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.**

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 from 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 <input type="checkbox"/> Yes <input type="checkbox"/> No	U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	Full-time Student <input type="checkbox"/> Yes <input type="checkbox"/> No	Race	Hispanic/Latino <input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security #	Alien Registration #	
2. HOUSEHOLD MEMBER							
LAST NAME		FIRST NAME		MI	DATE OF BIRTH	SEX	RELATION
Disability <input type="checkbox"/> Yes <input type="checkbox"/> No	U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	Full-time Student <input type="checkbox"/> Yes <input type="checkbox"/> No	Race	Hispanic/Latino <input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security #	Alien Registration #	
3. HOUSEHOLD MEMBER							
LAST NAME		FIRST NAME		MI	DATE OF BIRTH	SEX	RELATION
Disability <input type="checkbox"/> Yes <input type="checkbox"/> No	U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	Full-time Student <input type="checkbox"/> Yes <input type="checkbox"/> No	Race	Hispanic/Latino <input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security #	Alien Registration #	
4. HOUSEHOLD MEMBER							
LAST NAME		FIRST NAME		MI	DATE OF BIRTH	SEX	RELATION
Disability <input type="checkbox"/> Yes <input type="checkbox"/> No	U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	Full-time Student <input type="checkbox"/> Yes <input type="checkbox"/> No	Race	Hispanic/Latino <input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security #	Alien Registration #	
5. HOUSEHOLD MEMBER							
LAST NAME		FIRST NAME		MI	DATE OF BIRTH	SEX	RELATION
Disability <input type="checkbox"/> Yes <input type="checkbox"/> No	U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	Full-time Student <input type="checkbox"/> Yes <input type="checkbox"/> No	Race	Hispanic/Latino <input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security #	Alien Registration #	
6. HOUSEHOLD MEMBER							
LAST NAME		FIRST NAME		MI	DATE OF BIRTH	SEX	RELATION
Disability <input type="checkbox"/> Yes <input type="checkbox"/> No	U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	Full-time Student <input type="checkbox"/> Yes <input type="checkbox"/> No	Race	Hispanic/Latino <input type="checkbox"/> Yes <input type="checkbox"/> 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 knowingly 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 STATEMENTS OR MISREPRESENTATIONS TO ANY DEPARTMENT OF AGENCY OF THE U.S. AS TO ANY MATTER WITHIN ITS JURISDICTION