



DELAWARE OPPORTUNITIES, INC.
HOUSING OFFICE
 35430 STATE HIGHWAY 10
 HAMDEN, NY 13782

607-746-1650 FAX: 607-746-1648

Office Use Only

Date _____

Time _____

Initials _____

Records Check OK None

SECTION 8 RENTAL ASSISTANCE APPLICATION

Please return the application to the Housing Office at the address listed above.

No one may charge an applicant a fee to submit an application for Section 8 Assistance And/or as a condition for receiving assistance if you are determined eligible. If anyone attempts to do this, please call the New York State Inspector General's Office at 1-800-367-4448.

HEAD OF HOUSEHOLD _____ **PHONE** _____

MAILING ADDRESS _____

PO Box/Street/Road Town Zip

STREET ADDRESS _____

Actual name of Street or Road Town Zip

Family Self Sufficiency (FSS) is a rental assistance program where you work with a housing counselor to set goals to become self sufficient within five years. If you would like more information on this program please contact the office at 607-746-1650.

Are you interested in this program? YES NO

**You must include the following documents with your application.
 Incomplete applications will be rejected.**

- _____ Copies of Social Security Cards for everyone in the household
- _____ Copies of Birth Certificates for everyone in the household
- _____ Copies of Driver's License for all licensed drivers in the household
- Proof of income from all sources:**
- 4 current/consecutive *pay stubs, Unemployment Benefits, Award letters for Social Security Retirement, SSD or SSI, Pension letter, Workman's Compensation, TANF budget, Alimony*
- *Verification of Child Support,*
- *Proof of Residential Custody*
- *SNAP/Food Stamp budget*
- _____ Copies of all bank statements (most current 2 months)
- _____ Copy of most recent tax return for all household members
- _____ Two sources of proof of residency **OTHER THAN WHAT IS LISTED ABOVE**
- _____ Copy of utility bill and rent receipt
- Authorization for release of information for all adults (18 or over)

Marital Status (Circle One):

Single/Unmarried Married Separated Widowed Divorced Living Together

IN THE TABLE BELOW, PLEASE LIST ALL PERSONS LIVING IN, OR WHO WILL BE LIVING IN THE HOUSEHOLD.

(Copies of all household members Social Security cards and birth certificates must be included with this application.)

Last Name	First Name	Date of Birth	Race	Age	Sex	Relationship to Head of Household	Social Security Number
						Head of Household	

INCOME: List any money earned or received by everyone living in the HOUSEHOLD. This includes wages, self-employment, child support, contributions from family or friends, Social Security, SSI, SSD, disability, workers compensation, retirement benefits, TANF, veteran's benefits, pensions, rental property income, stock dividends, interest from bank accounts, alimony, or any other sources.

****Verification of all income must be included with this application****

Household Member	Source of Income	Gross Amount	Week/Month/

ASSETS: Please answer the following questions:

1. Do you, or any member of your household, own or have interest in any real estate, boat, and/or mobile home? Yes No
2. Have you sold any real estate in the last two years? Yes No
3. Do you own any stocks, bonds or CDs? Yes No
4. Do you have a savings account or a checking account? Yes No
If yes, please indicate the name of the bank and account numbers below:
Bank Name _____ Account # _____ Balance _____
Bank Name _____ Account # _____ Balance _____
5. Do you own a car? Yes No
If yes, year, make and model of car _____
Do you have car payments? Yes No
If yes, who makes the payments? _____ Amount _____
Who pays the car insurance premium? _____ Amount _____

OTHER INFORMATION:

1. Does anyone outside your household pay for any of your bills or give you money during the month/year? Yes No If yes, please explain _____
2. Have you or any member of your household lived in assisted housing in the past? Yes No
If yes, where and when? _____
3. Have you or any member of your household ever engaged in illegal drug use or violent criminal activity? Yes No If yes, please explain _____
4. Are you currently living with another family? Yes No If yes, what forced you into this arrangement? _____
5. Are you or any member of your household victims of actual or threatened violence? Yes No
6. Have you or any member of your household ever been served with an eviction notice? Yes No
If yes, where and when? _____

RENTAL UNIT INFORMATION:

Complete this information for the unit you are currently living in, or will be living in.

- Type of housing: Single Family Row Duplex Mobile Home Home Converted into Apartments
1. Was a security deposit required? Yes No If yes, amount \$ _____ Is it paid in full? Yes No If no, amount still owed \$ _____
 2. How much rent are you paying? \$ _____ Is your rent paid to date? Yes No
If No, how much do you owe? \$ _____
 3. How many bedrooms in your unit? _____
 4. If you live in a mobile home, how much is your lot rent? \$ _____
 5. Does your landlord know you have applied for rental assistance? Yes No

6. Are you related to your landlord? Yes No

Landlord's name, address and phone number:

UTILITY INFORMATION:

Please indicate who pays for utilities and what type of fuel is used:

T = tenant paid O = owner paid (included in rent amount)

Utility	T/O	Natural Gas	Oil	LP Gas	Electric	Other (Specify)
Heat						
Cooking						
Hot Water						
Electric						
Garbage						
Cold Water						
Sewer						

Who owns the refrigerator? T O Who owns the stove? T O

Do you have any problems with your unit? Yes No If yes, please explain _____

ATTESTATION:

I do hereby swear and attest that all the information about me and my household is true and correct. I also understand that all changes in the household, names, address and income must be reported in writing to Delaware Opportunities Inc. Housing Program immediately.

WARNING: Title 18, Section 1001 of the United States Code, states that a person is guilty of a felony for knowingly making false or fraudulent statements to any department or agency of the United States or the Department of Housing and Urban Development.

Signature of Head of Household **Date** _____
Signature of Co-Head/Spouse **Date**

Signature of Other Adult **Date** _____
Signature of Other Adult **Date**

You will be notified by MAIL when an opening exists in the program you applied for. Please notify the housing program of any changes in household members or income changes.



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

SERVING
DELAWARE COUNTY

HEAD START
DEVELOPMENTAL DISABILITIES
BIG BUDDY
PARENT EDUCATION
DAY CARE
RESOURCE/REFERRAL
(Registration)
(Subsidies)
(USDA Sponsor)
(Inspections)
HEALTHY FAMILIES

SENIOR DINING

SAFE AGAINST VIOLENCE
(Domestic Violence)
(Rape Crisis)
(Office of Victim Services)

JOBS WORK CREW
WORK IN PROGRESS

EMPLOYMENT AND TRAINING

COMMUNITY FOOD AND NUTRITION

WEATHERIZATION
(Serving both Delaware and
Sullivan Counties)

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)

FOOD BANK SERVICES AND
CLOTHING/HOUSEHOLD GOODS

EMERGENCY FOOD
AND SHELTER

HOMELESS ASSISTANCE

TRANSPORTATION

REQUEST FOR CRIMINAL RECORDS CHECK FORM

Authorization for Release of Information

I, _____, do hereby authorize the
(print applicant's full name)

Delaware Opportunities Housing Department to obtain any and all
available information regarding criminal records on file for:

Signature of Applicant _____

Date of birth _____

Social Security Number _____



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- SERVING
DELAWARE COUNTY
- HEAD START
- DEVELOPMENTAL DISABILITIES
- BIG BUDDY
- PARENT EDUCATION
- DAY CARE
- RESOURCE/REFERRAL
(Registration)
(Subsidies)
(USDA Sponsor)
(Inspections)
- HEALTHY FAMILIES
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- TRANSPORTATION

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

Authorization for the Release of Information

PHA requesting release of information:



DELAWARE OPPORTUNITIES, INC.
HOUSING OFFICE
35430 STATE HIGHWAY 10
HAMDEN, NY 13782

Authority: 42 U.S.C. 1437f and 3535(d), implemented at 24CFR 982.551(b).

Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request information including but not limited to: identity and marital status, employment income, welfare income, assets, residences and rental activity, Medical or Child Care Allowances, Credit and Criminal Activity. HUD and the HA need this information to verify your eligibility for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

Uses of Information to be Obtained: HUD is required to protect the information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the information that is obtained based on the consent form.

Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Consent: I consent to allow HUD or the HA to request and obtain any information from any Federal, State, or local agency, organization, business, or individual for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying the information obtained. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

_____ Head of Household	_____ Date	_____ Social Security Number (if any) of Head of Household
_____ Spouse	_____ Date	_____ Other Family Member over age 18
_____ Other Family Member over age 18	_____ Date	_____ Date

Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal review and hearing procedures.

Sources of Information: The groups or individuals that may be asked to release the authorized information include but are not limited to:

- Previous Landlords (including Public Housing Agencies)
- Courts and Post Offices
- Schools and Colleges
- Law Enforcement Agencies
- Support and Alimony Providers
- Past and Present Employers
- Welfare Agencies
- State Unemployment Agencies
- Social Security Administration
- Medical and Child Care Providers
- Veterans Administration
- Retirement Systems
- Banks and other Financial Institutions
- Credit Providers and Credit Bureaus
- Utility Companies

Penalties for Misusing this Consent:

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.

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)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
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.

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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.



original

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: HUD Date of visit: _____ Service site: MAIN

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:

- multigenerational
- other
- single parent female
- single parent male
- single person only
- two adults only
- two parent
- unrelated adult
- unrelated adults with child
- unspecified

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.

Please turn this over to enter all information on applicant and all household members.

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

APPLICANT from front page	JOHN	J	SMITH	01/01/2010	M	Gender: Male (M) Female (F) Transgender (T) Unspecified (U)	Pregnant: Y or N	Marital status: see codes below	Relation to applicant; see codes	Ethnicity: Hispanic: Y or N	Race: see codes below	Education: see codes below	Health Insurance: see codes below	Veteran: Y or N (if Active; A)	Disabled: Y or N	Work status: See codes below	Farmer: Y or N	Disconnected youth: see codes	Benefits received by participant (see codes below)

Marital Status	Relation to Applicant	Race	Education	Insurance	Work status	Disconnected Youth	Benefits received by participant
A. Single	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 S. Stepfather T. Stepmother	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	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	P. Private A. Medicare H. Medicaid/Fidelis E. Employment Based M. Military C. Child Health Plus N. None U. Unspecified	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	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	I. Affordable care act/Marketplace H. Child care voucher/day care 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