



DELAWARE OPPORTUNITIES, INC.

HOUSING OFFICE

35430 STATE HIGHWAY 10

HAMDEN, NY 13782

Office Use Only

Date _____

Time _____

Initials _____

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

Records Check OK None

SECTION 8 RENTAL ASSISTANCE APPLICATION

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

No e-mailed or faxed applications will be accepted.

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

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

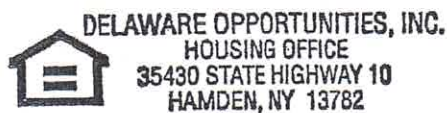
Signature of Other Adult Date

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.

Authorization for the Release of Information

PHA requesting release of information:



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

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.

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

Original is retained by the requesting organization.

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) <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Emergency</td> <td><input type="checkbox"/> Assist with Recertification Process</td> </tr> <tr> <td><input type="checkbox"/> Unable to contact you</td> <td><input type="checkbox"/> Change in lease terms</td> </tr> <tr> <td><input type="checkbox"/> Termination of rental assistance</td> <td><input type="checkbox"/> Change in house rules</td> </tr> <tr> <td><input type="checkbox"/> Eviction from unit</td> <td><input type="checkbox"/> Other: _____</td> </tr> <tr> <td><input type="checkbox"/> Late payment of rent</td> <td></td> </tr> </table>		<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	
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<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.



Delaware Opportunities Program Intake Form

Please complete this side of the form for the person receiving services today.

(All information provided is strictly confidential)

Program HUD	Date of Visit	Social Security Number	Date of Birth	Gender M F Other			
First Name	MI	Last Name	Pregnant Y N	WIC Y N	Disabled Y N	Veteran Y N	Active Vet Y N
Race <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/> Multi-Race			Check Highest Grade Completed <input type="checkbox"/> 0-8 <input type="checkbox"/> 9-12/Non Grad <input type="checkbox"/> High School Grad/GED <input type="checkbox"/> Grade 12 and Some Post Secondary <input type="checkbox"/> 2 year College Grad <input type="checkbox"/> 4 year College Grad <input type="checkbox"/> Other 12+ Grad				
Insurance <input type="checkbox"/> Private <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid/Fidelis <input type="checkbox"/> Employment Based <input type="checkbox"/> Military <input type="checkbox"/> Child Health Plus			Employed <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed short time (6 months or less) <input type="checkbox"/> Unemployed long term (over 6 months)				
If between 14 and 24 and not working and not in school <input type="checkbox"/>							
Marital Status <input type="checkbox"/> Child (no status) <input type="checkbox"/> Divorced <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Widowed							
Check one: <input type="checkbox"/> Farmer <input type="checkbox"/> Not a Farmer <input type="checkbox"/> Seasonal Farm Worker <input type="checkbox"/> Migrant Farm Worker							
Physical Address							
House Number	Street	Apt #	City	State	Zip		
Town	Service Site Hamden	What is the best way to reach you? <input type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Home Phone <input type="checkbox"/> Cell Phone <input type="checkbox"/> Other					
Mailing Address (if Different)							
Street		City		State	Zip		
Home Phone Number	Cell Phone Number	Email Address					
Household Type <input type="checkbox"/> Single Person <input type="checkbox"/> Two Adults No Children <input type="checkbox"/> Single Female <input type="checkbox"/> Single Male <input type="checkbox"/> Two Parent Household <input type="checkbox"/> Non Related Adults with Children <input type="checkbox"/> Multi Generational <input type="checkbox"/> Other			Housing <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Homeless <input type="checkbox"/> Temp Unstable <input type="checkbox"/> Temp Stable <input type="checkbox"/> Own Multi Family Home <input type="checkbox"/> Own Mobile Home <input type="checkbox"/> Runaway				
Gross Income (includes all family income from all sources before taxes or deductions): A Weekly B Biweekly C Monthly D Yearly							
Income Sources <input type="checkbox"/> Employment Only <input type="checkbox"/> Employment and Other <input type="checkbox"/> Employment, Other Source and Non cash <input type="checkbox"/> Employment and Non Cash Benefits <input type="checkbox"/> Other Income Sources Only <input type="checkbox"/> Other Income and Non Cash Benefits <input type="checkbox"/> No Income <input type="checkbox"/> Non Cash Benefits Only							
Other Income Source <input type="checkbox"/> Family Assistance/TANF <input type="checkbox"/> Safety Net <input type="checkbox"/> SSI <input type="checkbox"/> SSDI <input type="checkbox"/> Private Disability <input type="checkbox"/> VA Disability <input type="checkbox"/> VA Disability Pension <input type="checkbox"/> Workers Compensation <input type="checkbox"/> Social Security <input type="checkbox"/> Pension <input type="checkbox"/> Child Support <input type="checkbox"/> Alimony <input type="checkbox"/> Unemployment <input type="checkbox"/> Other							
Benefits you may be receiving? <input type="checkbox"/> SNAP/Food Stamps <input type="checkbox"/> WIC <input type="checkbox"/> HEAP <input type="checkbox"/> Housing Voucher <input type="checkbox"/> Affordable Care Act <input type="checkbox"/> Day Care Subsidy <input type="checkbox"/> Other							

Signature

I authorize sharing this information with other programs of Delaware Opportunities

For Office Use Only

Service

Outcomes

Information regarding gender, ethnicity, 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 complete this side of the form for the additional members of the household

Social Security Number	First Name	Middle Initial	Last Name	Date of Birth	Male (M) Female (F) Other (O)	Pregnant (Y) or (N)	Marital Status (See codes below)	Relation to Applicant (See codes below)	Ethnicity Hispanic (Y) or (N)	Race (See codes below)	Education If Over 14 (See Codes Below)	Health Insurance (See Codes Below)	Veteran (Yes Active A)	SNAP (Food Stamps) (Receiving Y/N)	WIC (Receiving Y/N)	Disabled (Y or N)	Farmer (Y or N)	Gross Monthly Income	Source of Income (See codes below)

Marital Status	Relation to Applicant	Race	Education	Source of Income
A. Single	A. Mother	A. Native American	For those over 14 years of age	A. Employment Only
B. Married	B. Father	B. Asian	A. 0-8	B. Employment + Other
C. Widowed	C. Child	C. Caucasian/White	B. 9-12 Non grad	C. Social Security
D. Separated	D. Sister	D. African American/Black	C. High School	D. SSDI
E. Divorced	E. Brother	E. Bi-Racial/Multi Racial	D. 12 + Some	E. SSI
F. Other	F. Guardian	F. Hawaiian/Pacific Islander	E. 2 yr college grad	F. Child Support
	G. Partner	G. Other	F. 4 yr college grad	G. TANF
	H. Friend		G. 12+ Other	H. Unemployment
				I. Workers Comp
				J. Pension
				K. Veterans Benefits
				L. Alimony
				M. No Income
				N. Other

Insurance: A. Private B. Medicare C. Medicaid/Fidelis D. Employment Based E. Military E. Child Health Plus

Housing Survey

Housing Choice Voucher Program

Survey # _____

Please complete all of the information about the housing unit listed below.

Unit Location

Building Name (optional) _____
Street Address _____ Apt # _____
City, State, ZIP _____

Management and Owner Information

Management Information

Managed By ☐ Owner
☐ Management Company
Mgr Name _____
Mgr Phone _____
Is the Owner / Manager On-Site? ☐ Yes ☐ No

Owner Information

Owner Name _____
Owner Address _____
City _____
State _____ ZIP _____

Unit Size, Cost and Utilities Provided

Size of Unit

Number of Bedrooms _____
Number of Bathrooms _____
Square Footage ☐ Above Average
☐ Average
☐ Below Average

Lease Information

Current Rent \$ _____
Date Rented _____

Owner Paid Utilities

Check all utilities that are included in the rent

☐ Heat ☐ Water Heat ☐ Water ☐ Trash Collection ☐ Refrigerator
☐ Cooking ☐ Other Electric ☐ Sewer ☐ Air Conditioning ☐ Range

Types of Utilities Used

The unit is heated with:

☐ Natural Gas ☐ Electric
☐ Bottle Gas ☐ Coal
☐ Oil ☐ Other

The hot water is heated with:

☐ Natural Gas ☐ Electric
☐ Bottle Gas ☐ Coal
☐ Oil ☐ Other

The stove uses:

☐ Natural Gas
☐ Electric
☐ Bottle Gas

Housing Survey

Housing Choice Voucher Program

Survey # _____

Unit Type, Quality and Age

Unit Type

Check the one box that best describes the unit

- | | |
|--|--|
| <input type="checkbox"/> Older Home Converted | <input type="checkbox"/> Older Multi-Family |
| <input type="checkbox"/> High Rise | <input type="checkbox"/> Two/Three Family (Duplex) |
| <input type="checkbox"/> Mobile Home | <input type="checkbox"/> Single Family Detached |
| <input type="checkbox"/> Row House/Garden Apt. | |

Quality of the Unit

Describe the overall quality and condition of the unit in comparison with other apartments you have seen.

- ☐ Above Average
☐ Average
☐ Below Average

Age

Estimated year of construction or last major renovation _____

Accessibility

Check all boxes that apply if the unit has specific features to assist people with the following types of disabilities:

- ☐ Hearing ☐ Other
☐ Sight
☐ Mobility

Amenities, Services and Maintenance

Check all of the items listed below that are included in the rent of the unit.

- ☐ Balcony, patio, deck, porch
☐ Driveway
☐ Exceptional size relative to needs of family
☐ Garage or parking facilities
☐ Good maintenance of building exterior
☐ Good upkeep of grounds
☐ High quality floors or wall coverings
☐ Large yard
☐ Other forms of weatherization
☐ Screen doors or windows
☐ Storm windows and doors
☐ Working fireplace

Certification

I certify that the information on this form is true and complete to the best of my knowledge and belief. I understand that I can be fined up to \$10,000 if I furnish false or incomplete information.

Name

Signature

Date