

BROOME COUNTY HOME REPAIR PROGRAM

Administrator:
 Opportunities for Chenango, Inc.
 P.O. Box 470, 44 West Main Street
 Norwich, New York 13815

Broome County Home Repair Program Self-Qualifying Form June 2006 FLOOD

Thank you for your interest in our housing program. To see if you qualify for this program, please check the correct boxes.

1. I own and occupy a single family home in Broome County and have been a resident for a minimum of six months. (yes) (no)
- * 2. I own and occupy rental property in Broome County and have been a resident for a minimum of six months. (yes) (no)
- * 3. I am an investor/owner of rental property in Broome County. (yes) (no)
- * 4. How many rental units are contained in the property?
 (maximum of 4 allowed)

1	2	3	4
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5. I have applied for Tioga Opportunities Weatherization Assistance Program. (yes) (no)
6. My mortgage, land and school tax payments are current. (yes) (no)
7. My property is a mobile home. (yes) (no)
8. I have fire insurance coverage for my property. (yes) (no)
9. I have flood insurance coverage for my property. (yes) (no)
- *10. Total household income for single family homeowners and owner/occupants of rental property must fall within program guidelines. Note that total household gross income means all income that comes into the household from all members. This includes wages, tips, child supports, rental income, etc. Please circle the family size and select from the income limit that is the closest to your total.

<u>Family Size</u>	<u>Income Limit</u>
1	\$ 30,300
2	\$ 34,650
3	\$ 38,950
4	\$ 43,300
5	\$ 46,750
6	\$ 50,250
7	\$ 53,700
8	\$ 57,150

11. Owners who occupy rental property and owner/investors of rental property are required to submit a pre-application form for each rental household unit contained in the property. Please have tenants complete the renter pre-application form and submit with your completed self-qualifying form. Please note, only rental properties containing no more than 4 units are eligible.

Opportunities for Chenango, Inc.
44 West Main Street P.O. Box 470
Norwich, NY 13815-0470
(607) 334-7114 Fax (607) 336-6958

INTAKE FORM

MISSION STATEMENT

Opportunities for Chenango, Inc. is committed to supporting families and individuals to:

- recognize their strengths,
- set realistic goals,
- make responsible choices and
- become involved members of our community

We achieve our Mission through programs that focus on housing security, life skills training, child and family development, education, literacy, health and nutrition, community and economic development.

Today's date: _____ Family Name _____

The staff of Opportunities for Chenango, Inc. is committed to providing the best services possible to anyone participating in programs we offer.

We realize that often a family or individual may be receiving services from more than one of our programs at a time. It is important that we know from which programs you are currently receiving services.

Please check those that apply:

- | | | |
|--|--|--|
| <input type="checkbox"/> WIC | <input type="checkbox"/> HOUSING COUNSELING | <input type="checkbox"/> FAMILY SUPPORT CENTER |
| <input type="checkbox"/> FSS | <input type="checkbox"/> PRE - K | <input type="checkbox"/> POWER PARTNER |
| <input type="checkbox"/> HEAP | <input type="checkbox"/> EARLY HEADSTART | <input type="checkbox"/> KEYS TO SUCCESS |
| <input type="checkbox"/> LITERACY VOLUNTEERS | <input type="checkbox"/> PRESCHOOL HEADSTART | <input type="checkbox"/> SHELTER APARTMENTS |
| <input type="checkbox"/> WEATHERIZATION | <input type="checkbox"/> EVEN START | <input type="checkbox"/> BEYOND SHELTER |
| <input type="checkbox"/> HOME REPAIR | <input type="checkbox"/> BACK ON THE RACK II | <input type="checkbox"/> OTHER PROGRAM

_____ |
| <input type="checkbox"/> SECTION 8 RENTAL ASSISTANCE | | <input type="checkbox"/> OTHER PERSON/S
_____ |
| <input type="checkbox"/> FIRST TIME HOME BUYERS | | |

To best serve and support you in addressing your issues or meeting your goals it is important that all staff work together.

It is important that you understand that all staff who works for OFC,Inc. is required to maintain confidentiality. Sharing information on a need to know basis between programs is not considered a breach of confidentiality. By signing below you are giving staff permission to share information that will allow programs to work together to provide the best services possible.

I understand that I am able to revoke my consent at any time, in writing before the expiration date below.

I hereby give permission to the staff person signing below to share information with staff from:

Other OFC Programs

Other Agencies/ Programs listed BELOW

Tioga Opportunities, BAND, Catholic Charities, Contractors

PARTICIPANTS' SIGNATURE

OTHER PARTICIPANTS' SIGNATURE

HEAD OF HOUSEHOLD SOC. SEC. # AND DATE OF BIRTH

STAFF SIGNATURE

THIS DOUCUMENT WILL EXPIRE ON THE DATE ABOVE