

Please fill this form and mail or fax to:
Westchester Residential Opportunities, Inc. (WRO)
470 Mamaroneck Avenue, Suite # 410
White Plains, New York 10605
Telephone: (914) 428-4507
Fax: (914) 428-9455

FOR WRO USE ONLY
Name _____
Date Filed _____
Attorney _____
Date Assigned _____

FAIR HOUSING COMPLAINT

(I hereby certify that the following information is correct.)

Name _____

Address _____

Home Telephone Number _____ Work Telephone Number _____

Race/Ethnicity _____ Birth date _____ Sex _____ Marital Status _____

U.S. Citizen? ___ Social Security No. _____ - _____ - _____ Own or Rent _____

Employer _____ Position _____

Employer's Address _____

Gross Yearly Salary _____ How Long Employed? _____

Other Income (Alimony, SSI, Investments, 2nd Job, Child Support, etc) _____

Total Yearly Household Income _____

Do You Have Savings? _____ Amount? _____

Do you have Monthly Credit Payments
(Judgments, Liens, Depts, Bankruptcy, Child Support, Credit Cards, Loans (car or student), etc)? _____

<u>Type</u>	<u>Amount</u>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

FAIR HOUSING COMPLAINT (Continued)

Name and Address of the Housing Unit in Question:

Name, Address and Telephone Number of Owner, Broker or Landlord

Size of Unit _____ Rent/Price of Unit _____

Number of Units in Building? _____ Desired Occupancy Date? _____

List the names of those who will be living in the unit:

<u>Name</u>	<u>Sex</u>	<u>Race</u>	<u>Birth Date</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Signature _____

If not complainant, relationship _____

FAIR HOUSING COMPLAINT Continued

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MEMORANDUM OF AGREEMENT

- 1. I understand that WRO may exchange information about this matter with attorneys, law enforcement agencies and other organizations in order to aid in resolving my complaint and in combating unfair housing practices.
- 2. I understand that WRO may publicize this matter in its newsletter and/or in other media in order to deter future discrimination and to alert other persons with discrimination complaints, but that WRO will withhold my name upon my request.
- 3. I understand that there is no charge for WRO's investigative services.
- 4. I understand that I will reimburse WRO for any expenses incurred on my behalf from any money damages I receive.
- 5. I understand that if legal representation is required, I will arrange appropriate attorney fees with a members of WRO's Panel of Cooperating Attorneys or with counsel of my choice.
- 6. I understand that if I cannot afford counsel, and no attorney will accept the case on the basis of a contingency fee, WRO will attempt to arrange pro bono representation for me.
- 7. I understand if I discontinue or settle this action without damages against WRO's advice, I will also reimburse WRO for its costs.
- 8. I understand if I do not gain damages, and I do not settle without damages against WRO's advice, I will have no financial obligation to WRO.

(Check One)

You may use my name in publicity

Please do not use my name in publicity

I have carefully read the above memorandums of agreement and agree to abide by its conditions.

Signature of Complainant _____ Date _____

Witnessed
Signature of WRO Staff _____ Date _____

I hereby authorize Credit Bureau of Port Chester/Garrison Research to conduct inquiries concerning my income, credit, residence , family composition, character and reputation for the purpose of verifying information provided by me.

I understand any misrepresentation by me may cause rejection by the development.

Signature

Signature

Date

Date

A NOT FOR PROFIT FAIR HOUSING AGENCY

name

name

street address

street address

city state zip

city state zip

social security number

social security number

birth date

birth date