

Westchester Residential Opportunities Inc.

Please fill this form and mail or fax to:
470 Mamaroneck Avenue, Suite 410
White Plains, New York 10605



Tel: 914-428-4507
Fax: 914-428-9455
E-mail: housinghelp@wroinc.org

INTAKE FORM

Name: _____ Date: _____
(First) (Last)

Current Address: _____
(Street) (City) (Zip Code)

Home Phone: _____ Daytime Phone: _____ Fax: _____

Soc. Sec. #: _____ D.O.B. _____ Total # of people in household: _____

How can WRO help you? _____

Other household member(s) name(s): _____

D.O.B. of any other adults: _____ Soc.Sec.# of any other adults in household: _____

SECTION 8

Current monthly rent? \$ _____ Do you get help now? Y N

I want to rent ___ Room ___ Apartment ___ House Have you applied? Y N

of Bedrooms needed _____ Total @ Rooms _____ If yes, when and where? _____

How much rent do you think you can afford per month? _____

Desired locations to live: _____

Ethnicity/Race: _____ # of children & ages (if any) _____
(For statistical purposes only) (For statistical purposes only)

*****FINANCIAL INFORMATION*****

YOUR MONTHLY INCOME

OTHER HOUSEHOLD MEMBERS' INCOME

	<u>Amount per Month</u>		<u>Amount per Month</u>
Salary from job	\$ _____	Salary from job	\$ _____
SSI	\$ _____	SSI	\$ _____
SSD	\$ _____	SSD	\$ _____
Public Assistance/DSS	\$ _____	Public Assistance/DSS	\$ _____
Food Stamps	\$ _____	Food Stamps	\$ _____
Other Income (Alimony, Investment, Child Support, etc.)	\$ _____	Other Income (Alimony, Investment, Child Support, etc.)	\$ _____

Total Monthly House Income \$ _____ Do you have savings? Y or N Amount? _____

*****FOR W.R.O. STAFF TO COMPLETE*****

ACTION TAKEN/REFERRAL MADE: ___ Listings ___ Sr.Hsg ___ SPC/IL ___ Evic.Prev. ___ FairHsg ___ Other

A NOT-FOR-PROFIT HOUSING AGENCY