



Westchester Residential Opportunities, Inc.  
470 Mamaroneck Avenue, Suite 410  
White Plains, NY 10605  
Tel: 914-428-4507  
Fax: 914-428-9455  
housinghelp@wroinc.org

I, \_\_\_\_\_  
(Print Name)

Reside at \_\_\_\_\_  
(Please print - building address, apt#, City & State, Zip)

Hereby authorize **Westchester Residential Opportunities, Inc. and its employees** to request, examine and copy any and all information and documents concerning me or my case for financial assistance.

**Westchester Residential Opportunities, Inc. and its employees** are authorized to discuss my case with other Eviction prevention agencies, government agencies, landlords, employers, businesses, individuals and any other necessary parties regarding my housing situation.

I also authorize **Westchester Residential Opportunities, Inc. and its employees** to inquire into the status of my housing situation with my landlord. The purpose of this inquiry is for monitoring and data analysis purposes.

I acknowledge all the information provided in considering my case for financial assistance, is true and accurate at the time of my application.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**



Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Name: \_\_\_\_\_ DSS Case # (if applicable) \_\_\_\_\_

**Current**

Address: \_\_\_\_\_

*Street Address*

*Apt #*

*City/Town*

*Zip Code*

Cell Phone: \_\_\_\_\_ Home: \_\_\_\_\_ Business: \_\_\_\_\_

Email Address: \_\_\_\_\_

Ethnicity (please circle): Caucasian / African American / Hispanic / Asian / American Indian / Other \_\_\_\_\_

Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_ other \_\_\_\_\_

Spouse/Roommate's Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

D.O.B. \_\_\_\_\_

Number of Children in the Household: \_\_\_\_\_ Ages and Sex of each child: \_\_\_\_\_

(Ex. F 5, M 14) \_\_\_\_\_

Number of people living in household: \_\_\_\_\_

Total Gross Family/Household Income:

Under \_\_\_\_\_ \$10,000 \_\_\_\_\_ \$10,000-\$15,000 \_\_\_\_\_ \$15,000-\$20,000 \_\_\_\_\_ \$20,000-\$30,000 \_\_\_\_\_ Over \$30,000

Employer \_\_\_\_\_ Job Title \_\_\_\_\_ How long there \_\_\_\_\_

Spouse/ Roommate Employer \_\_\_\_\_ Job Title \_\_\_\_\_

What assistance are you applying for? \_\_\_\_\_

**Housing Information:**

Size of Unit: \_\_\_\_\_ Number of Rooms

Monthly Rent/Mortgage: \$ \_\_\_\_\_ Heat Incl.? \_\_\_\_\_

Section 8 tenant share \$ \_\_\_\_\_

\_\_\_\_\_ 1 Bedroom

Number of Months Owed: \_\_\_\_\_

\_\_\_\_\_ 2 Bedrooms

Total Arrears Owed: \$ \_\_\_\_\_

\_\_\_\_\_ 3 Bedrooms

Amount You Can Pay: \$ \_\_\_\_\_

\_\_\_\_\_ Other

Assistance Requested: \$ \_\_\_\_\_

How long have you resided there: \_\_\_\_\_ Amount of Assistance from other sources: \$ \_\_\_\_\_  
(Family /Friends)

Do you have a lease? Yes \_\_\_\_\_ No \_\_\_\_\_ (Please include a copy)

Have you received or applied for rental assistance from any agencies in the past 12 months? \_\_\_\_\_

If "yes" from which agency/agencies \_\_\_\_\_



Current Landlord Name \_\_\_\_\_ Telephone \_\_\_\_\_ Email \_\_\_\_\_

Monthly payment is made out to \_\_\_\_\_

Address \_\_\_\_\_  
*Street Apt# City Zip*

Landlord's Attorney: Name \_\_\_\_\_ Telephone: \_\_\_\_\_

Have you received a Legal Notice or Demand Letter? \_\_\_\_\_ Date Received \_\_\_\_\_ (please include a copy)

Do you have 72 hour notice? \_\_\_\_\_ (please include a copy)

Do you have a Court Date or have you already been to Court? \_\_\_\_\_ (Y/N and Date)

Is this your first time in arrears? \_\_\_\_\_ If "no" how many times before and when? \_\_\_\_\_

Do you owe utilities? Electric/Gas amount owed: \$ \_\_\_\_\_ Home Heating Oil \$ \_\_\_\_\_  
Telephone amount owed: \$ \_\_\_\_\_

Do you receive a subsidy (such as Section 8, DSS) \_\_\_\_\_ (Y/N) By what agency? \_\_\_\_\_

Agency contact person & telephone number: \_\_\_\_\_

**(Must provide share letter)**

How will you continue to pay your rent and/or balance if you are assisted with one month's rental arrears or the first month's rent for a new apartment?

**For First Months Rental Assistance Only:**

Address of the new apartment \_\_\_\_\_

*Street address Apt # City/Town Zip*

Landlord's Name \_\_\_\_\_ Telephone# \_\_\_\_\_

**FOR AGENCY USE ONLY**

**Other agencies contacted for assistance: PLEASE NOTE: A DSS DENIAL LETTER IS REQUIRED**

Name of agency: \_\_\_\_\_ Amount of assistance requested: \_\_\_\_\_ Response (Y/N): \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**\*\* Your signature will allow this information and any supporting documents to be released to other agencies on your behalf.**

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Signature of referring Caseworker)

\_\_\_\_\_  
(Name of Agency accepting application)

\_\_\_\_\_  
(Signature of accepting Caseworker)

## Documentation Checklist

1. \_\_\_ Documentation of Pending Homelessness (Landlord Notice, Court Documents, Housing Code Violations, Utility cut off Notice, Other)
2. \_\_\_ Letter of explanation stating hardship that caused arrears or reason for financial assistance.
3. \_\_\_ Current Lease and Rent Ledger
4. \_\_\_ Birth Certificate (All household members) & Photo Id's (Adults Only)
5. \_\_\_ Green Card/Passport/Benefit Card/ (All household members)
6. \_\_\_ Social Security Cards (**All Household Members**)
7. \_\_\_ 6 Current Pay Stubs (if applicable) – (All Household member(s), 18 yrs. or older)
8. \_\_\_ Updated Budget Sheet (**Dept. of Social Services**) / \_\_\_ **Section 8 share letter**
9. \_\_\_ Award Letters (**Social Security/SSI**)
10. \_\_\_ Denial Letter (**Dept. of Social Services**)
11. \_\_\_ Employment Pension/Disability Benefits Verification (if applicable)
12. \_\_\_ Unemployment Benefits Verification (18 yrs. or older)
13. \_\_\_ Verification of all expenses(Utility Bills/Cable/Con Edison/Childcare/Other)
14. \_\_\_ All Pages of Last 3 mos. For all Bank Statements (Checking/Saving/CD, etc.)
15. \_\_\_ Discontinue Letter from Social Services/Unemployment (if applicable)
16. \_\_\_ Marriage Certificate/(Divorce/Separation Documents)
17. \_\_\_ Court Ordered Child Support/Adoption/Foster Care/Alimony
18. \_\_\_ W-2 & Most recent Tax Return
19. \_\_\_ Military Service Documentation (if applicable)
20. \_\_\_ Notarized Statement from Child Care Provider/ After School Program (working/ Attending School)
21. \_\_\_ Guarantee Letters from all agencies providing assistance



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## **Program Disclosure Form**

**NOTE:** If you have an impairment, disability, or language barrier, or otherwise require an alternative means of completing this form or accessing information about housing counseling, please talk to your housing counselor about arranging alternative accommodations.

About Us and Program Purpose: Westchester Residential Opportunities, Inc., is a nonprofit, HUD-approved comprehensive housing counseling agency. We provide educational workshops and a full spectrum of housing counseling including pre-purchase, foreclosure prevention, non-delinquency post-purchase, reverse mortgage, fair housing counseling (enforcement and education), rental and homeless counseling. We serve all clients regardless of income, race, color, religion/creed, sex, national origin, age, familial status, disability, or sexual orientation/gender identity, source of income, marital status, and DV survivor status. We administer our programs in conformity with local, state, and federal anti-discrimination laws, including the federal Fair Housing Act (42 USC 3600, et seq.). As a housing counseling program participant, please affirm your roles and responsibilities along with the following disclosures, by signing and dating this form on the following page.

### **Client and Counselor Roles and Responsibilities:**

#### Counselor's Roles and Responsibilities

- Reviewing your housing goal and your finances, which include your income, debts, assets, and credit history.
- Preparing a Client Action Plan that lists the steps that you and your counselor will take in order to achieve your housing goal.
- Preparing a household budget that will help you manage your debt, expenses, and savings.
- Your counselor is not responsible for achieving your housing goal, but will provide guidance and education in support of your goal.
- Neither your counselor nor WRO employees, agents, nor directors may provide legal advice.

#### Client's Roles and Responsibilities:

- Completing the steps assigned to you in your Client Action Plan.
- Providing accurate information about your income, debt, expenses, credit, and employment.
- Attending meetings, returning calls, and providing requested paperwork in a timely manner.
- Notifying WRO or your counselor when changing housing goals.
- Attending educational workshop(s) as recommended.
- Retaining an attorney if seeking legal advice and or representation in matters such as foreclosure or bankruptcy protection.

**TERMINATION OF SERVICES**

Failure to work cooperatively with your Housing Counselor and or WRO will result in the discontinuation of services. This includes but is not limited to, missing three consecutive appointment and failing to submit necessary documents requested by your counselor or WRO.

**Agency Conduct:** No WRO employee, officer, director, contractor, volunteer, or agent shall undertake any action that might result in, or create the appearance of, administering counseling operations for personal or private gain, provide preferential treatment for any person or organization, or engage in conduct that will compromise our agency’s compliance with federal regulations and our commitment to serving the best interests of our clients.

**Agency Relationships:** WRO has financial affiliation (if funded by HUD) or professional affiliations (if not funded by HUD) with HUD, New York State Attorney General’s Office, New York State Housing and Community Renewal Corporation, Westchester County, City of White Plains, City of Yonkers, and banks including Bank of America, JP Morgan Chase, and Capital One Bank. As a housing counseling program participant, you are not obligated to use the products and services of WRO or our industry partners.

**Alternative Services, Programs, and Products and Client Freedom of Choice:** WRO has a first-time homebuyer program developed in partnership with HSBC, First Niagara, M&T, Astoria Bank, and Tomkins Mahopac Bank. However, you are not obligated to participate in this or other WRO programs and services while you are receiving housing counseling from our agency. You may consider seeking alternative products and services from entities including the Federal Housing Administration (FHA), for first-time homebuyer loan programs, and Human Development Services of Westchester or Community Housing Innovations, for other first-time homebuyer programs. You are entitled to choose whatever real estate professionals, lenders, and lending products that best meet your needs.

**Referrals and Community Resources:** You will be provided a community resource list which outlines the county and regional services available to meet a variety of needs, including utilities assistance, emergency shelter, transitional housing, food banks, and legal aid assistance. This list also identifies alternative agencies that provide services, programs, or products similar to those offered by WRO and its partners and affiliates.  
Privacy Policy: I/we acknowledge that I/we received a copy of Westchester Residential Opportunities, Inc.’s Privacy Policy.  
Initial: \_\_\_\_\_

**Errors and Omissions and Disclaimer of Liability:** I/we agree that WRO, its employees, agents, and directors are not liable for any claims and causes of action arising from errors or omissions by such parties, or related to my participation in WRO housing counseling; and I hereby release and waive all claims of action against WRO and its affiliates. I have read this document, understand that I have given up substantial rights by signing it, and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law. If any provision of this document is unenforceable, it shall be modified to the extent necessary to make the provision valid and binding, and the remainder of this document shall remain enforceable to the full extent allowed by law.

**Quality Assurance:** In order to assess client satisfaction and in compliance with grant funding requirements, WRO, or one of its partners, may contact you during or after the completion of your housing counseling service. You may be requested to complete a survey asking you to evaluate your client experience. Your survey data may be confidentially shared with WRO’s grantors such as HUD or Other Funding organizations. .

**I/we acknowledge that I/we received, reviewed, and agree to WRO’s Program Disclosures.**

_____	_____	_____	_____
Name 1 Signature	Date	Counselor Signature	Date
_____	_____		
Name 2 Signature	Date		



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## **Privacy Policy**

**NOTE: If you have an impairment, disability, or language barrier, or otherwise require an alternative means of completing this form or accessing information about housing counseling, please talk to your housing counselor about arranging alternative accommodations.**

Westchester Residential Opportunities, Inc. (WRO), is committed to assuring the privacy of individuals and/or families who have contacted us for assistance. We realize that the concerns you bring to us are highly personal in nature. We assure you that all personal information shared orally and/or in writing will be managed within ethical and legal considerations. Additionally, we want you to understand how we use the personal information we collect about you. Please carefully review this notice as it describes our policy regarding the collection and disclosure of your nonpublic personal information.

### **What is nonpublic personal information?**

- Information that identifies an individual personally and is not otherwise publicly available, such as your Social Security Number or demographic data such as your race and ethnicity
- Includes personal financial information such as credit history, income, employment history, financial assets, bank account information, and financial debts

### **What personal information does WRO collect about you?**

We collect personal information about you from the following sources:

- Information that you provide on applications and forms, in email, or verbally
- Information about your transactions with us, our affiliates, or others
- Information we receive from your creditors or employment references
- Credit reports

### **What categories of information do we disclose and to whom?**

We may disclose the following personal information to financial service providers (such as companies providing home mortgages), Federal, State, and nonprofit partners for program review, monitoring, auditing, research, and/or oversight purposes, and/or any other pre-authorized individual and/or organization. The types of information we disclose are as follows:

- Information you provide on applications/forms or other forms of communication. This information may include your name, address, Social Security Number, employer, occupation, account numbers, assets, expenses, and income.
- Information about your transactions with us, our affiliates, or others such as your account balance, monthly payment, payment history, and method of payment.
- Information we receive from a consumer credit reporting agency such as your credit bureau reports, your credit and payment history, your credit scores, and/or your creditworthiness.
- We do not sell or rent your personal information to any outside entity.
- We may share anonymous, aggregated case file information, but this information may not be disclosed in a manner that would personally identify you in any way. This is done in order to evaluate our program, gather valuable research information, and/or design future programs.
- We may also disclose personal information about you to third parties as permitted by law.

### **How is your personal information secured?**

We restrict access to your nonpublic personal information to WRO employees who need to know that information in order

to perform their housing counseling duties. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your nonpublic personal information; and we train our staff to safeguard client information and prevent unauthorized access, disclosure, or use.

**Opting Out of Certain Disclosures**

You may direct WRO to not disclose your nonpublic personal information to third parties (other than disclosures made to project partners and those permitted by law). However, if you choose to opt out, we will not be able to answer any questions from your creditors, which may limit WRO’s ability to provide services such as foreclosure prevention counseling. If you choose to opt out, please sign below under the “Opt Out” clause. If you choose to release your information as stipulated in this Privacy Policy, sign under the “Release” clause. You may change your decision any time by contacting our agency.

**OPT OUT: I request that WRO make no disclosures of my nonpublic personal information to third parties other than project partners and those permitted by law. By choosing this option, I understand that Westchester Residential Opportunities, Inc. will NOT be able to answer any questions from my creditors. I understand that I may change my decision any time by contacting WRO.**

\_\_\_\_\_  
Name 1 Signature                      Date                      Counselor Signature                      Date

\_\_\_\_\_  
Name 2 Signature                      Date

**RELEASE: I hereby authorize WRO to release nonpublic personal information it obtains about me to my creditors and any third parties necessary to provide me with the services I requested. I acknowledge that I have read and understand the above privacy practices and disclosures.**

\_\_\_\_\_  
Name 1 Signature                      Date                      Counselor Signature                      Date

\_\_\_\_\_  
Name 2 Signature                      Date





Date: \_\_\_\_\_ **MONTHLY BUDGET**

Name: \_\_\_\_\_

**HOUSEHOLD INCOME:**

HH Size: (    )

	<u>SELF</u>	<u>OTHER</u>
<b><u>Income:</u></b>	\$ _____	\$ _____
(Weekly _____ x4)		
(Bi-Weekly/semi-monthly _____ x2)		
<b><i>NET INCOME (including tips):</i></b>		
Take home amount \$ _____	\$ _____	\$ _____
(circle one) weekly, bi-weekly or semi-monthly		

**Sources of Income:**

Pension	\$ _____	\$ _____
Annuity/401/403B	\$ _____	\$ _____
SSI/ SSD/ SSA	\$ _____	\$ _____
Unemployment	\$ _____	\$ _____
Veterans Benefits	\$ _____	\$ _____
Public Assistance/TANF	\$ _____	\$ _____
Food Stamps	\$ _____	\$ _____
Child Support	\$ _____	\$ _____
Alimony/Palimony	\$ _____	\$ _____
Other (Please Specify)	\$ _____	\$ _____

**Gross Income \$ \_\_\_\_\_ Net Income \$ \_\_\_\_\_**

**MONTHLY EXPENSES:**

<b><u>Housing:</u></b>	
Rent/Mortgage	\$ _____
Maintenance	\$ _____
Utilities (avg. monthly bill)	\$ _____
Cable/ Internet/ Phone (avg. bill)	\$ _____
<b><u>Personal:</u></b>	
Toiletries	\$ _____
Cell Phone	\$ _____
Groceries	\$ _____
Laundry / Dry Cleaning	\$ _____
<b><u>Transportation:</u></b>	
Fuel/ Gas	\$ _____
Transportation (bus/train)	\$ _____
Car Payment	\$ _____
Car Insurance	\$ _____
<b><u>Debt:</u></b>	
Credit Cards Payment(s)	\$ _____
Loan payments	\$ _____
<b><u>Other Expenses:</u></b>	
Child Support (you paid)	\$ _____
Child Care	\$ _____
Medical Expenses	\$ _____
Entertainment	\$ _____
<b><u>Other Expenses (Please List)</u></b>	
_____	\$ _____
_____	\$ _____
_____	\$ _____

**Expenses \$ \_\_\_\_\_ Net Income – Expenses \$ \_\_\_\_\_**