

INTERAGENCY EVICTION PREVENTION INTAKE FORM

Agency: _____

Date: _____ Date of Birth _____ Social Security Number: _____

Name: _____ DSS Number (if applicable) _____

Address: _____
Street Address Apt # City/Town Zip Code

Cell Phone _____ Home: _____ Business _____
Email Address _____

Ethnicity: 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 _____

Income Sources and Amounts (Monthly):

	<i>Applicant</i>	<i>Spouse/Roommate</i>		<i>Applicant</i>	<i>Spouse/Roommate</i>
Employment:	\$ _____	\$ _____	Pension:	\$ _____	\$ _____
Unemployment	\$ _____	\$ _____	Food Stamps:	\$ _____	\$ _____
SSI/SSD Benefits:	\$ _____	\$ _____	WIC Benefits:	\$ _____	\$ _____
Public Assistance	\$ _____	\$ _____	Alimony:	\$ _____	\$ _____
Child Support:	\$ _____	\$ _____	Other:	\$ _____	\$ _____

(All agencies also require thoroughly itemized Budget Sheet on page 3)

Housing Information:

Size of Unit: _____ Number of Rooms _____ Monthly Rent/Mortgage: \$ _____ Heat Inc?: _____

_____ 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)

Please write a brief explanation of how and why you became in arrears (attach additional paper):

Landlord's/Mortgage Company Name _____ Telephone _____

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 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? _____

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

If "yes" from which agency/agencies _____

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: _____

For First Months Rental Assistance Only:

Address of the new apartment _____
Street address Apt # City/Town Zip

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

FOR AGENCY USE ONLY

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

<u>Name of agency:</u>	<u>Amount of assistance requested:</u>	<u>Response (Y/N):</u>
_____	\$ _____	_____
_____	\$ _____	_____

Referred by: _____ Telephone: _____

**** Your signature will also allow this info. to be released to other agencies looking at this application on the client's behalf.**

(Signature of Applicant)

(Signature of Caseworker)

MONTHLY BUDGET

HOUSEHOLD INCOME:

	<u>SELF</u>	<u>OTHER</u>
Gross Income:	\$ _____	\$ _____
(Weekly _____ x4)	(monthly)	
(Bi-Weekly _____ x2)		
Net Income (including tips):		
Take home amount \$ _____		
(circle one) weekly or bi-weekly		

Sources of Income:

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

Total Household Monthly Income \$ _____

MONTHLY EXPENSES:

Rent/Mortgage/Maintenance	\$ _____
Utilities (average monthly bill)	\$ _____
Telephone (average monthly bill)	\$ _____
Paid TV (Cable etc)/Internet	\$ _____
Cell Phone	\$ _____
Food	\$ _____
Car Expense (loan payment)	\$ _____
Car Insurance	\$ _____
Fuel/ Gas	\$ _____
Transportation (bus/train)	\$ _____
Loan(s) Payments Monthly	\$ _____
Credit Cards Payment(s)	\$ _____
Child Care Cost	\$ _____
Child Support (you paid)	\$ _____
Laundry	\$ _____
Other Expenses (Please List)	\$ _____
_____	\$ _____
_____	\$ _____

Total Monthly Expenses \$ _____

Westchester Residential Opportunities, Inc.

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**IF YOU ARE FACING EVICTION
HERE ARE THE STEPS YOU NEED TO TAKE
BEFORE SCHEDULING AN APPOINTMENT FOR ASSISTANCE:**

1. GO TO THE DEPARTMENT OF SOCIAL SERVICES FOR YOUR CITY. YOU WILL HAVE TO APPLY FOR RENTAL ARREARS ASSISTANCE. IF YOU ARE *DENIED* THEN CONTACT WRO TO SCHEDULE AN APPOINTMENT WITH ONE OF OUR HOUSING COUNSELORS.

HERE IS A LIST OF SOCIAL SERVICES OFFICES:

1. MT VERNON: 100 EAST FIRST STREET
 2. PEEKSKILL: 750 WASHINGTON AVENUE
 3. WHITE PLAINS: 85 COURT STREET
 4. YONKERS: 131 WARBURTON AVENUE
2. YOU NEED TO PROVIDE THE FOLLOWING DOCUMENTS LISTED AND OTHER DOCUMENTS TO SUPPORT YOUR APPLICATION:

1. Lease (current) or statement from landlord
2. Pay stubs (2 biweekly / 4 paid weekly) or other income verification for all persons in the household (for example SSI, SSD, Pension, child support etc)
3. Denial from Westchester County Department of Social Services (or if you have received assistance copy of guarantee letter, once it has been less than a year)
4. Copies of checks from other helping agencies, or guarantee letter if they have given assistance.
5. Copy of money order (clients contribution towards new apt, or rental arrears)
6. Official notice of rent and other charges owed /other agreements signed with landlord EX. STIPULATION/payment agreements.
7. Information about rent subsidies such as section 8; DSS shelter allowance; public or publicly assisted housing (sect. 8 share letter or DSS budget sheet)
8. Documents to support why you were unable to pay your rent (ex. medical letter, unemployment, loss of job, medical expenses paid etc)

*** ***** NOTE: All these documents need to be in place within a timely manner in order to assess the case promptly.**