

**WESTCHESTER RESIDENTIAL OPPORTUNITIES INC.**

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**Homebuyer Intake**

**HAVE YOU EVER APPLIED TO WRO FOR SERVICES IN THE PAST? \_\_\_\_\_ IF YES WHEN: \_\_\_\_\_**

**Buyer**

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

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

Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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E-mail: \_\_\_\_\_

Currently You: *Own Rent*

If Rent, How long \_\_\_\_\_

Housing Payment: \$ \_\_\_\_\_

Are you receiving Sect. 8: *Yes No*

Self-Employed: *Yes No*

Employer: \_\_\_\_\_

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

Position: \_\_\_\_\_

Years Employed: \_\_\_\_\_

Annual *Gross* Income: \$ \_\_\_\_\_

Additional Monthly Income: \$ \_\_\_\_\_

Source(s): \_\_\_\_\_

**Co-Buyer**

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

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

Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Relationship to Buyer: \_\_\_\_\_

E-mail: \_\_\_\_\_

Currently You: *Own Rent*

If Rent, How long \_\_\_\_\_

Housing Payment: \$ \_\_\_\_\_

Are you receiving Sect. 8: *Yes No*

Self-Employed: *Yes No*

Employer: \_\_\_\_\_

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

Position: \_\_\_\_\_

Years Employed: \_\_\_\_\_

Annual *Gross* Income: \$ \_\_\_\_\_

Additional Monthly Income: \$ \_\_\_\_\_

Source(s): \_\_\_\_\_

1. Total Number of Family Members in Household: \_\_\_\_\_

2. What Amount Do you Have for Down Payment: \$ \_\_\_\_\_

3. Have you or your Co-Applicant/Spouse owned a home within the last three (3) years of the date of this application?  YES  NO

3a. If "YES", explain the circumstances under which you no longer own a home: \_\_\_\_\_

**4 . Select Program of Interest. – You may select more than one.**

First Home Club Savers Program

American Dream Down Payment Initiative

IDA – Savers program

Homeownership Voucher Program (Sect. 8)

HUD 1:1 Counseling Certificate

Home of Your Own (OMH Program)

Unsure

\*\* The following questions are being asked for statistical purposes. Your answer will not affect, in any way, your enrollment for our programs. This is optional.

**5. Household Type:**

- Single, non-elderly                       Elderly                       Single Parent  
 Two Parents                               Other \_\_\_\_\_

**5a.** Buyers Age \_\_\_\_\_  
 Co-Buyers Age \_\_\_\_\_

**5b.** Buyer: Female / Male  
 Co-Buyer: Female / Male

**5c\*\*Race (Head of Household):**

- White     Black or African American     Hispanic         Asian  
 Black or African American & White     Hispanic & Black or African American     Other Multi Racial

**6.** Are you a U.S. Citizen(s)?                       YES                       NO

**7. Liabilities:**

Company	Balance Owed	Minimum Monthly Required. Payment	Status of Account

**8.** Have you ever been sued for a non-payment of a debt, had a garnishee against your wages or filed Bankruptcy?  YES  NO

Please explain: \_\_\_\_\_

**9.** Have you seen your credit report in the last 90 days? If not, when? \_\_\_\_\_

**10.** Do you have any outstanding unpaid collection/charge off accounts? \_\_\_\_\_

**11.** How did you hear about us?

- TV / RADIO (PLEASE SPECIFY CHANNEL/ DATE): \_\_\_\_\_  
 HUD     PRINT MEDIA (PLEASE SPECIFY): \_\_\_\_\_  
 FRIEND/RELATIVE     OTHER: (PLEASE SPECIFY): \_\_\_\_\_

**FOR OFFICE USE ONLY:**

**Intake Assessment Completed/Reviewed:** \_\_\_\_\_ **Initials** / **Recommended:** **Group / 1:1 (Section 8 – Credit)**

**Appointment Scheduled:** \_\_\_\_\_ **Initials**