

Westchester Residential Opportunities Inc.

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Application Checklist

In order to insure that your application is processed efficiently, it is requested that you provide us with the below listed documents when you return these forms to our office. We have provided this handy checklist for your convenience. If you have any questions about your application, please contact us. We can be reached at (914) 428-4507 ext. 324.

- () Signed Application (all persons over the age of 18 must sign)
- () Signed Credit Authorization form
- () Copies of 2 years W-2 Forms (2005 & 2006)
- () Copies of 2 years Federal Tax Returns (2005 & 2006)
- () Copies of 2 Most Recent Pay Stubs *-Showing 4 weeks*
(For all household members over the age of 18)
- () Letter from employer indicating the following: (Projected for the next 12 months)
 - 1. Base salary
 - 2. Frequency of overtime
 - 3. Bonus pay
 - 4. pay increase
- () Child Support Statement with Supporting Documentation, (If applicable)
- () Proof of assets, current account statements (ALL PAGES)
 - ie. Bank accounts, retirements accounts etc.)
 - 1. Must show proof of minimum 3% of sales price in current savings

DISCLOSURE TO CLIENTS TO AVOID CONFLICT OF INTEREST

Westchester Residential Opportunities is a HUD certified housing counseling agency funded by a variety of public and private sources. Services to consumers are free of charge. -As a client of WRO, you are free to choose any lender and any lending product you wish. You are not in any way obligated to select a lender or other professional that you learn about through WRO's educational or referral processes.

A NOT-FOR-PROFIT HOUSING AGENCY

HOMEOWNERSHIP APPLICATION
For Property:

142 North 8th Avenue, Mt. Vernon, NY

1. APPLICANT HOUSEHOLD INFORMATION:

Applicant Name _____
 Co-Applicant Name _____
 Street Address _____ Apt. # _____
 City _____ State _____
 Zip _____
 Home Phone # () _____ Work Phone # () _____
 Mailing address (if different from above) _____

LIST ALL PERSONS WHO WILL LIVE WITH YOU, PLEASE START WITH YOURSELF. Since this is a governmentally subsidized unit, the following information is required for all household members:

	<u>FULL NAME</u>	<u>RELATIONSHIP</u>	<u>DATE OF BIRTH</u>	<u>AGE</u>	<u>SEX</u>	<u>ATTENDING SCHOOL</u>
a.	_____	H.O.H	/ /	_____	_____	_____
	Social Security # _____		Occupation _____			
b.	_____	_____	/ /	_____	_____	_____
	Social Security # _____		Occupation _____			
c.	_____	_____	/ /	_____	_____	_____
	Social Security # _____		Occupation _____			
d.	_____	_____	/ /	_____	_____	_____
	Social Security # _____		Occupation _____			
e.	_____	_____	/ /	_____	_____	_____
	Social Security # _____		Occupation _____			

f. Do you expect any change (s) in your family size? _____ NO _____ YES
 If "YES", EXPLAIN: _____

2. **STATISTICAL INFORMATION**

- a. The following information is required for statistical purposes so that the Department of Housing and Urban Development (HUD) may determine the degree to which its programs are utilized by minority Families.

RACIAL GROUP IDENTIFICATION: (used for statistical purposes only). (Please check only one from this group for the head of household only.)

<input type="checkbox"/> White	<input type="checkbox"/> American Indian or Alaska Native & White
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Asian & White
<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American & White
<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> American India or Alaska Native &
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Black or African American
	<input type="checkbox"/> Other Multi Racial

- b. **ETHNICITY:** (check **only one** from this group)
 Hispanic Non-Hispanic

3. **RENT:**

What is your Monthly Rent \$ _____

Check Utilities paid by you now:

<input type="checkbox"/> Heat	\$ _____ /month
<input type="checkbox"/> Electricity	\$ _____ /month
<input type="checkbox"/> Gas	\$ _____ /month
<input type="checkbox"/> Water	\$ _____ /month
<input type="checkbox"/> Other	\$ _____ /month

Contact Information for current Landlord:

Name: _____ Phone #: _____

Address: _____

How long have you lived there? _____ Do you have a lease? _____

(If you have lived there less than 2 years, please list previous address and landlord contact information on the back of this application.)

4. **INCOME:**

List **ALL** full-time, part-time, seasonal and/or temporary employment for **ALL** household members. Include overtime pay, commissions, fees, tips, bonuses and/or self-employed earnings.

<u>HOUSEHOLD MEMBER</u>	<u>EMPLOYER'S NAME/ADDRESS</u>	<u>GROSS EARNINGS</u>	
		<u>CURRENT</u>	<u>ANTICIPATED</u>
_____	_____	\$ _____	\$ _____
		weekly/biweekly/monthly	
		(circle one)	
_____	_____	\$ _____	\$ _____
		weekly/biweekly/monthly	
		(circle one)	
_____	_____	\$ _____	\$ _____
		weekly/biweekly/monthly	
		(circle one)	

5. OTHER SOURCES OF INCOME:

(EXAMPLES: welfare, social security, SSI, pensions, disability compensation, unemployment compensation, interest, baby-sitting, care-taking, alimony, child support, annuities, dividends, income from rental property and/or Armed Forces Reserves.)

<u>HOUSEHOLD MEMBER</u>	<u>SOURCE</u>	<u>AMOUNT</u>
_____	_____	\$ _____
		weekly, biweekly, monthly
		(circle one)
_____	_____	\$ _____
		weekly, biweekly, monthly
		(circle one)
_____	_____	\$ _____
		weekly, biweekly, monthly
		(circle one)
_____	_____	\$ _____
		weekly, biweekly, monthly
		(circle one)

6. ASSETS:

Checking Accounts:

Bank _____	Acct. No. _____	Amt. _____
Bank _____	Acct. No. _____	Amt. _____
Bank _____	Acct. No. _____	Amt. _____

Savings Accounts: (includes Passbook/Statement and Christmas/Vacation Clubs)

Bank _____	Acct. No. _____	Amt. _____
Bank _____	Acct. No. _____	Amt. _____
Bank _____	Acct. No. _____	Amt. _____

Certificates of Deposit (CD's):

Bank _____ Acct. No. _____ Amt. _____

Bank _____ Acct. No. _____ Amt. _____

Credit Union Shares:

Credit Union Name _____ Amt. _____

Address _____

Stocks/Bonds (Value) \$ _____

Savings Bonds (Value) \$ _____

Other _____ Amt. _____

(includes IRA's, mutual funds, etc.)

Do you **NOW** own real estate: _____ NO _____ YES If "yes", what is the value _____

Have you **EVER** owned real estate? _____ NO _____ YES If "yes", when? _____

I/WE DECLARE THAT THE STATEMENTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Signature

Date

Signature

Date

CHILD SUPPORT STATEMENT
COMPLETE THE APPROPRIATE SECTION (S) FOR EACH CHILD

SECTION I: COMPLETE THIS SECTION IF YOU *ARE RECEIVING* COURT ORDERED SUPPORT

I, _____ receive the amount of \$ _____ (monthly/weekly)
(parent or guardian)
towards the support of _____
(child or children's name)

I have included a copy of the court order.

Signature

Date

SECTION II: COMPLETE THIS SECTION IF YOU ARE *NOT RECEIVING* COURT ORDERED SUPPORT

I, _____ have been awarded support in the amount of \$ _____
(parent or guardian)
(monthly/weekly) but DO NOT receive support for _____
(child or children's name)

I have included a copy of the court order.

Signature

Date

SECTION III: COMPLETE THIS SECTION IF *NO SUPPORT IS RECEIVED*

I, _____ DO NOT receive any support for
(parent or guardian)

(child or children's name)

Signature

Date

SECTION IV: COMPLETE THIS SECTION IF YOU ARE RECEIVING SUPPORT THROUGH *PRIVATE ARRANGEMENT*.

I, _____ receive the amount of \$ _____ (monthly/weekly)
(parent or guardian)
toward the support of _____ There is not court order, but I have
(child or children's name)
included at least (2) copies of the checks or money orders.

Signature

Date