

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



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**COMMUNITY DEVELOPMENT BLOCK GRANT
 CLIENT INTAKE FORM**

INSTRUCTIONS: Check One
New Client: ___ **Complete Entire Form**
Repeat Client: ___ **Record Name, Birth Date and Complete Section B.**
Changes: ___ **Record Name, Birth Date and those items to be changed**

**SECTION A
 CLIENT CHARACTERISTICS**

DATE OF BIRTH _____ SEX _____ DATE OF INTAKE _____
 LAST NAME _____ FIRST NAME & M.I. _____
 ADDRESS _____ CITY _____ ZIP _____ DISABLED: YES ___ NO ___

Ethnicity/Race: Black not Hispanic _____ White not Hispanic _____ Hispanic _____
 Native American _____ Asian _____ Other _____
 Household Type: Single Parent / Female _____ Single Parent / Male _____
 Two Parent Household _____ Single Person _____ Other _____
 Education: 0-8th Grade _____ 9-12th Grade _____ High School Graduate _____
 12th Grade Plus _____
 Income Source (s): Employment ___ Unemployment Benefits ___ Social Security ___
 AFDC ___ Home Relief ___ Suppl. Soc. Sec. ___ Other ___
 Total Income: \$ _____
 Do You Receive: Food Stamps _____ Medicaid _____
 Household Members: (additional names list on reverse side)

<u>LAST</u>	<u>FIRST</u>	<u>D.O.B.</u>	<u>DISABLE? Y/N</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**SECTION B
 DESCRIBE SERVICES CLIENT WILL RECEIVE**

CONTACT TYPE: WALK-IN _____ PHONE _____ OTHER _____
 REFERRAL: FROM _____ TO _____
 PREPARED BY: (staff person) _____ LOCATION _____