

WESTCHESTER RESIDENTIAL OPPORTUNITIES INC.

470 Mamaroneck Avenue, Suite 410, White Plains, NY 10605

914-428-4507 Ext. 324 / Fax: 914-428-9455 / homebuying@wroinc.org

Homebuyer Intake - Accelerated

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

Applicant

Name: _____

Address: _____

Zip _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Date of Birth: _____

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-Applicant

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. Total number of family members in household **Under the age of 18** _____

3. What amount do you currently have for down payment: \$ _____

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

4a. If "YES", explain the circumstances under which you no longer own a home:

5. Are you currently on the note and mortgage or deed of a property with someone else? YES NO

** 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.

7. Household Type:

- Single, non-elderly Elderly Single Parent
 Two Parents Other _____

8. Applicant: Female / Male **Co-Applicant:** Female / Male

9. **Applicant Race (Head of Household):

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

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

11. Liabilities:

Company	Balance Owed	Minimum Monthly Required. Payment	Status of Account

12.. 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: _____

13. Have you seen your credit report in the last 90 days? If not, when? _____

14. Do you have any outstanding unpaid collection/charge off accounts? _____

15. How did you hear about us?

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

FOR OFFICE USE ONLY:

Intake Assessment Completed/Reviewed: _____ **Initials** _____

Group Appointment Scheduled Date: _____ @ _____ :

1;1 Appointment Scheduled Date: _____ @ _____ :