



Westchester Residential Opportunities, Inc.

470 Mamaroneck Avenue • Suite 410
White Plains, New York 10605
www.wroinc.org

(914) 428-4507 P
(914) 428-9455 F
housinghelp@wroinc.org

Dear Sir or Madam:

Enclosed is our Utility Assistance application to be completed in order to prevent or restore utility. **This is a one time grant for a 12 month period**, if you have received assistance from WRO in the past month's your case will be denied.

Documentations required to support your application are proof of things that occurred during the time you were unable to pay utility bill, (for example, funeral expenses, medical bills, paid off Con Edison bill, garnishes, child care, etc) please call to discuss your specific situation. In order for grants to be approved the household has to demonstrate that they can pay their rent going forward.

Assistance can only be considered on behalf of customers who have their utility bill in their own names.

We suggest that you schedule an appointment to come in and discuss your situation. Unless, it affects you taking time off from work.

Applications that are submitted without the required documents cannot be approved.

Do not send original documents as part of your packet in the mail.

Any further questions I may be reached at 914-428-4507 ext. 305.

Sincerely,

Delores Palmer
Housing Counselor

"Promoting Equal, Affordable and Accessible Housing for All"

- Fair Housing
- Homebuying
- Senior Housing
- Rental Opportunities
- Homelessness Prevention
- Independent Living and Shelter Plus Care

**WESTCHESTER RESIDENTIAL OPPORTUNITIES
INTERAGENCY UTILITY ASSISTANCE INTAKE FORM**

Agency _____

Date: _____ Date of Birth: _____ DSS Number: _____

Name _____ Soc. Sec. #: _____

Address: _____

Telephone: (Home) _____ (Work) _____

Ethnicity: Caucasian _____ African American _____ Hispanic _____ Asian _____

American Indian _____ Other _____

Marital Status: Single _____ Married _____ Separated _____ Divorced _____

Spouse/Roommate's Name: _____ Soc. Sec. # _____
Date of Birth: _____

Number of people living in household: _____

Ages and sex of child: _____

Total Gross Family Income

_____ Under \$10,000 _____ \$10,000--\$15,000 _____ \$15,000--\$20,000
_____ \$20,000--\$25,000 _____ \$25,000--\$30,000 _____ Over \$30,000

Employer: _____ Job Title: _____

Income Sources and Amounts for all occupants (Monthly):

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

Housing Information

Size of unit: _____ Room _____ Monthly Utility Bill _____ Received Heap _____
 _____ 1 Bdrm # of month's owed _____ Date _____
 _____ 2 Bdrm Monthly Rent/Mortgage _____ Received Emergency _____
 _____ 3 Bdrm Total amount owed _____ Heap _____
 _____ 4 Bdrm Amount you can pay _____ Date rec'd _____
 _____ Other How long have you resided there _____

Have you received a turn off notice? _____

First time in arrears? : _____ (If no, how often?): _____

Do you owe utilities? : Electric amount owed: _____ Telephone amount owed: _____

Have you received utility assistance from any other agencies in the past 12 month's? YES NO
If yes, which agency: _____

Agency Name

How will you pay your utilities after being helped? _____

Is your apartment subsidized? _____ By What Agency? _____

Please write a brief explanation of how and why you fell in arrears:

Referred by: _____ Telephone: _____

Other agencies contacted for assistance: **DSS denial is required**

Name

Amount

By signing this application, applicant authorizes this agency to contact other agencies to verify your eligibility.

Signature of Applicant

Signature of Worker

MONTHLY BUDGET

MONTHLY HOUSEHOLD INCOME:

Monthly Gross Income:	\$	<u>SELF</u>	\$	<u>OTHER</u>
Monthly Net Income: (After taxes and other Deductions)	\$		\$	
Sources of Income:				
Pension	\$		\$	
Annuity/401	\$		\$	
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	\$		\$
Food	\$		\$
Car Expense (loan payment)	\$		\$
Car Insurance	\$		\$
Transportation (bus/train)	\$		\$
Loan(s) Payments Monthly	\$		\$
Credit Cards Payment(s)	\$		\$
Child Care Cost	\$		\$
Child Support (paid)	\$		\$
Laundry	\$		\$
Other Expenses (Please List)	\$		\$
	\$		\$
	\$		\$

Total Monthly Expenses \$ _____

EMERGENCY FOOD & SHELTER PROGRAM CHECKLIST
FORMS required for Utility Assistance

Please provide all listed documents below that apply to you for consideration of utility assistance.

- Completed application**
- Dept. of Social Services denial letter**
- Dept. of Social Services guarantee letter**
- Current Con Edison Turn off notice or overdue oil bill**
- Proof of income for everyone in the household and /or Child support. SSI, SSD**
- Copy of medical note (if applicable)**
- Proof of medical expenses (if applicable)**
- Proof of other funds if required**
(Copy of customers portion to assist with paying arrears)
- HEAP application:** _____ **Yes** _____ **NO**