

## Homebuyer Intake

HAVE YOU EVER APPLIED TO WRO FOR SERVICES IN THE PAST? \_\_\_\_\_ IF YES WHEN: \_\_\_\_\_  
ARE YOU CURRENTLY IN CONTRACT?  YES  NO  
ARE YOU CURRENTLY WORKING WITH ANY OTHER HOUSING AGENCY?  YES  NO

### Applicant

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-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

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

- First Home Club Savers Program       Homeownership Voucher Program (Sect. 8)  
 AFI – Savers program                       Home of Your Own (OMH Program)  
 HUD 1:1 Counseling Certificate           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.

**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? \_\_\_\_\_

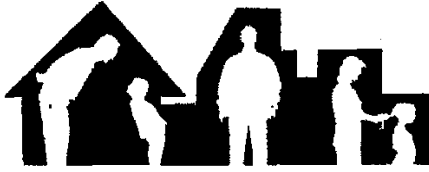
**15.** How did you hear about us?

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

**FOR OFFICE USE ONLY:**

**Intake Assessment Completed/Reviewed:** \_\_\_\_\_ **Initials** / **Recommended:** **Group / 1:1 / Section 8 / HOYO**

**Appointment Scheduled Date:** \_\_\_\_\_ **@** \_\_\_\_\_ **:** \_\_\_\_\_ **Initials** \_\_\_\_\_



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**Client Disclosure Statement**

*The following disclosure is being distributed to all clients that come to WRO for Housing Counseling, Homebuying, Rental Assistance, HECM and Mortgage Foreclosure Counseling services.*

All clients are free to choose any lender or real estate professional you wish for help in sales, rentals and housing counseling. You are not obligated in any way to select a professional that you learn about through WRO's counseling, education or referral processes.

All clients have the right to refuse services from Westchester Residential Opportunities, Inc.

You will not have to pay for any of WRO's counseling and education services. Our services are free.

I have read and understand the Disclosure Statement.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Phone

***Westchester Residential Opportunities, Inc. (WRO) is a non-profit organization whose mission is to promote equal, affordable and accessible housing opportunities for all residents of our region.***