



Washingtonville Housing Alliance
136 Library Lane
Mamaroneck, NY 10543
Phone 914-698-4299 Fax 914-698-7158

TENANT EVICTION PREVENTION PROGRAM Check List

- WHA Client Services Intake form
- Interagency Eviction Prevention Intake Form
- DSS DENIAL LETTER (must go to the Dept of Social Services First)
- Monthly Budget Sheet (must have supporting documents)
- Proof of rental arrears, Landlord Letter or Court Documents
- Identification & proof of address, lease (driver's license)
- Family composition, (Names and date of birth)
- Four (4) Recent Pay Stubs of **everyone** working in household (if working off the books provide statement from employer)
- Proof of SSI, Disability, or DSS payments
- Proof of monthly bills Utility bills, car payments etc....
- 2 Recent Bank Statements

*****OFFICE USE ONLY*****

- Clearinghouse Transaction Form
- Proof of other funds committed (agency guarantee letters)
- Client Acknowledgement letter (when case is approved and check is written)
- Grants/Loans Sheet (must be complete and approved)
- Statistics Sheet updated Date: _____ By: _____

INTERAGENCY EVICTION PREVENTION INTAKE FORM

Agency **Washingtonville Housing Alliance**

Date : _____ Date of Birth: _____

Name: _____ Soc. Sec. No.: _____

Address: _____

Telephone (Home): _____ (Work): _____

Ethnicity: Circle one: Caucasian, African American, Hispanic, Asian, American Indian, Other

Marital Status: _____ Single _____ Married _____ Separated _____ Divorced

Spouse's Name: _____

Number of Children in Household: _____

Ages and Sex: _____

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

Income Sources/Amounts:

Employment:	_____	Pension:	_____
Unemployment:	_____	Food Stamps:	_____
Public Assistance:	_____	WC Benefits:	_____
Child Support:	_____	Alimony:	_____
SSI/SSD Benefits:	_____	Other:	_____

(Budget sheet, required by certain agencies)

Housing Information:

Size of Unit: _____ Room _____ 1Bdrm _____ 2Bdrm _____ 3Bdrm _____ 4Bdrm _____ Other

Monthly Rent/Mtge:	_____	No. of Months Owed:	_____
Total Amount Owed:	_____	Amount Requested:	_____
Amount You Can Pay:	_____	How long there?:	_____
Heat inc.?:	_____		

Landlord Name: _____ Attorney: _____

Address: _____

Telephone: Landlord - _____ Attorney - _____

Have you received a legal notice or demand letter? _____

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

Do you owe utilities?: Electric amount owed: _____

Telephone amount owed: _____

How will you pay your rent after being helped?

Is your apartment subsidized? _____ By What Agency? _____

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

Referred by: _____ Telephone: _____

Other agencies contacted for assistance: DSS denial is required

Name	Amount
_____	_____
_____	_____
_____	_____
_____	_____

Signature of Applicant

Signature of agency Representative

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MONTHLY BUDGET

HOUSEHOLD INCOME

	Self	Other
Gross Income (Weekly, Bi-Weekly, etc.)		
Net Income (After taxes and other deductions)		
Sources of Income:		
Wages		
Unemployment		
Social Security Benefits		
Veterans Benefits		
Public Assistance/ TANF		
Food Stamps		
Child Support		
Alimony/Palimony		
Assets		
Pension		
401(k)/ IRA		
Other(Please Specify)		
Total Household Montly Income		

EXPENSES

Rent/Mortgage/Maintenance	
Utilities	
Telephone	
Food	
Transportation	
Car Expense	
Insurance	
Child Support	
Cable	
Loans	
Credit Card Debt	
Laundry	
Other (Please list)	
Total Monthly Expenses	



WASHINGTONVILLE HOUSING ALLIANCE

136 Library Lane, Mamaroneck, NY 10543

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Consent Form

I _____, consent the transmittal of my information to be dispersed to selected agencies chosen by Washingtonville Housing Alliance. Washingtonville Housing Alliance will do this while maintaining my best interest and privacy at hand.

If you have any questions or concerns regarding your case and would like to talk to someone other than the Client Services, you are encouraged to contact the Executive Director at 914-698-4299.

You will be given a copy of this information to keep for your records.

Statement of Consent:

I have read the above information. I have asked questions and have received answers. I agree to this information consent form.

Client Signature: _____ Date: _____

Client Services Representative: _____ Date: _____