



**HOUSEHOLD FINANCIAL INFORMATION**

<b>ADULTS</b>	<b>Income</b>		<b>CHILDREN</b>	<b>Age</b>	<b>Income</b>
	Monthly	Yearly			
<b>Name</b>			<b>Name</b>		
<b>Totals</b>			<b>Totals</b>		

**CLIENT FINANCIAL INFORMATION**

<b>Income Source</b>	<b>Weekly</b>	<b>Monthly</b>	<b>Yearly</b>
Alimony/Cohabitan Contribution			
Employer's Private Disability			
Employment			
General Assistance /Public Subsidies			
Supplemental Security Insurance			
Child Support			
Social Security Disability			
Pension			
Social Security			
Unemployment			
Veteran's Benefits			
Housing Subsidies			
Income From Rental Properties			
Other			

**Grand Total \$** \_\_\_\_\_

**ASSETS**

<b>Asset</b>	<b>Value</b>	
Real Estate		Mortgage Monthly Payment:
Automobiles (Make, Model, Year)		( )Leased ( )Loan Loan Amt. \$
Checking		Bank:
Savings		Bank:
CD		Bank:
IRA		
Stocks/Bonds		

13. Pending Lawsuits \_\_\_\_\_

Other Pending Litigation: \_\_\_\_\_ Attorney Name \_\_\_\_\_

14. Name of Spouse \_\_\_\_\_ Social Security No. XXX-XX- \_\_\_\_\_

Spouse's Address: \_\_\_\_\_

Spouse's Line of Work \_\_\_\_\_ Employer \_\_\_\_\_

Employer Address \_\_\_\_\_ Supervisor \_\_\_\_\_

15. I understand that *The Legal Aid Society* has the right to verify all information I have provided by conducting an independent investigation. I understand that by signing this application. I am giving my release for the disclosure of any informative to support this application for legal services.

16. I acknowledge that any out-of-pocket costs such as publication notice, out of state service fees, etc. are my responsibility. I understand the attorney will advise me if and when such fees are necessary and I will pay such fees are required.

17. Disclosure. I further acknowledge that any documents provided during the interview process will be retained by the LAS for a period of three (3) years, after which time same will be destroyed.

**REQUIRED ATTACHMENTS**

<b>Eligibility Documents</b>	<b>Check</b>	<b>Notes</b>
Most recent filed State and Federal Tax Statements with attachments and W2		
Current Social Security Earnings Statement		
Three (3) Most current pay stubs		
<u>IF NOT WORKING</u> : Two (2) months of documentation for the following: Welfare; Public Assistance; Unemployment; Disability' Workers Compensation; Child Support/Alimony; Other Income.		
IF APPLICABLE: Two (2) months of documentation for Social Security, SSI and/or SSD Benefits		
IF APPLICABLE: Current home mortgage statement, Lease Agreement, Housing/Section 8 Subsidized Contract		
IF APPLICABLE: Title to car		
IF APPLICABLE: Medicaid Card		
Six (6) months of Checking Account, Saving Account, other Bank Statements where money is deposited and distributed		
Other		

## CERTIFICATION

I hereby certify that the information I have provided on these pages is true and correct to the best of my knowledge. I authorize the **Legal Aid Society** to obtain any and all information needed to verify this information. I further understand that I must inform the **Legal Aid Society** within ten (10) days if my financial circumstances change in any significant way. I further understand that, if I have intentionally provided false information or intentionally withheld information to obtain legal assistance, they may refuse to refer my case to a *pro bono* attorney, or may withdraw my *pro bono* attorney and that said attorney may seek compensation for legal services rendered.

\_\_\_\_\_  
Print your name

\_\_\_\_\_  
Signature

SWORN AND SUBSCRIBED TO BEFORE

ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_