**LEGAL AID OF NORTHWEST TEXAS**

**APPLICATION**

(For Legal Assistance)

**APPLICANT (YOU):**

Name: Middle: Last : **M**: \_\_\_\_\_ **F**: \_\_\_\_\_

***Please list******any other names by which you are known, including***:

**Maiden name (if any):**

**Former married names (if any):**

**Nicknames** **you may have:**

SSN: DOB: Age:

***County of Dispute***: (what county is this case in)

Single? \_\_\_\_ Married? \_\_\_\_ Common Law? \_\_\_\_\_ Separated? \_\_\_\_\_ Divorced? \_\_\_\_\_ Widowed? \_\_\_\_\_

Current Living Situation: Own\_\_\_\_\_ Rent \_\_\_\_\_ Family\_\_\_\_\_ Friends \_\_\_\_\_ Homeless \_\_\_\_\_

Have you ever served in the military including the reserves or National Guard?

Has anyone in your household ever served in the military including the reserves or National Guard?

Are you a U.S. Citizen? Are you a Migrant worker? Are you disabled? Are you a victim of abuse?

**OCCUPATION:** (Check one)

Employed \_\_\_\_\_\_\_\_ Retired \_\_\_\_\_\_\_\_\_\_\_ Not Employed \_\_\_\_\_\_\_\_\_\_ Self-Employed \_\_\_\_\_\_\_\_\_\_

**PRIMARY LANGUAGE:** (Check one)

English \_\_\_\_\_\_\_\_\_ Spanish \_\_\_\_\_\_\_\_\_ Chinese \_\_\_\_\_\_\_\_\_ French \_\_\_\_\_\_\_\_\_ German \_\_\_\_\_\_\_\_\_\_

Japanese \_\_\_\_\_\_\_\_\_ Korean \_\_\_\_\_\_\_\_\_ Vietnamese \_\_\_\_\_\_\_\_\_ Sign Language\_\_\_\_\_\_ Other \_\_\_\_\_\_\_

**RACE:** (Check one)

\_\_\_\_\_ Black/African American \_\_\_\_\_ Hispanic Origin \_\_\_\_\_ Asian or Pacific Islander

\_\_\_\_\_White/Caucasian/Anglo \_\_\_\_\_ Native American \_\_\_\_\_Refused to Identify \_\_\_\_\_Other

**OPPOSING PARTY (*person, persons or organization you are having a legal problem with*):**

**Name (Individual): Middle: Last:**

**Please list any other names by which the adverse (opposing) party is known, including:**

**Their Maiden name (if any):**

**Former Married names (if any):**

**And any Nicknames they may have:**

Address: Apt. # City:

State: Zip: County: Phone #:

SSN: DOB: Age: Male Female

Race: US Citizen: Y N

**Name (Organization):**

Address:

State:

**NUMBER OF PEOPLE IN YOUR HOUSEHOLD:**

**ADULTS CHILDREN(under the age of 18)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of each person living in your household including yourself,**  **children, husband if still living together, etc.:** | **Relationship** | **Gender M / F** | **Age** | **Social Security**  **Number** | **Date of Birth** | **Type of income**  **(*Employment, Child or Spousal Support, Retirement, Rent,***  ***Unemployment, VA***  ***SSI/SSD, etc.*)** | **Gross**  **Monthly**  **Amount** |
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**FINANCIAL STATEMENT**

**Occupation:**

Place of Employment: Monthly Gross Income:

Spouse’s Monthly Gross Income: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have access to your spouse’s income? \_\_\_\_\_ Y \_\_\_\_\_N

*Please note the kind and* ***monthly*** *amount of any government benefits you receive:*

TANF: $ Food Stamps: $ HUD: $ SSI: $

Medicaid: $ Social Security: $ WIC: Disability: $

Other: (type and amount)

Do you have any other form of income? \_\_\_\_Y \_\_\_\_N If so, please note the **monthly** amount below:

Child Support: $ Retirement: $

Unemployment: $ Annuity: $

Is any other person helping to support you? \_\_\_\_Y \_\_\_\_N If so, who?  What is their relationship to you? What support do they provide?

Do you have any reason to believe that your income is likely to change significantly in the near future?

Check one: Yes No

**ASSETS:**

Do you own your home? What is the Mortgage payment/note? $ Value of Home: $ Do you rent: What is the amount of your rental payment? $

Do you own any other land, house, or other real estate? If so, please list:

|  |  |  |
| --- | --- | --- |
| **Type of Property** | **Owner** | **Value** |
|  |  |  |
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Do you own a motor vehicle? Year/Make/Model:

Do you own any other vehicles (including boats, RVs, etc.)? If so, please list:

|  |  |  |  |
| --- | --- | --- | --- |
| **Year** | **Make** | **Model** | **Titled Owner** |
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Do you have a bank account? \_\_\_\_Y \_\_\_\_N Checking? $ Savings? $

Please give the total amount of money in all bank accounts: $

Do you have any certificates of deposit? \_\_\_Y \_\_\_N How much: $

Do you own any stocks or bonds? \_\_\_Y \_\_\_N If so, what is the worth: $

Do you have any cash? \_\_\_Y \_\_\_N If so, amount $

Do you have any other accounts with any financial institution (bank, insurance company, credit union, escrow account,

savings and loan)? \_\_\_Y \_\_\_N If so, amount: $

Please list any of the following which apply. (If there is not a specific monthly amount, or if the amount varies, please note that in the appropriate place. If you only know a weekly or hourly amount, please indicate that in the “monthly payment” area.)

|  |  |  |
| --- | --- | --- |
| **Type of Expense** | **Monthly Payment** | **Who do you pay?** |
| **Child Support, Medical**  **Support, Spousal Support** |  |  |
| **Child Care Expenses** |  |  |
| **Elderly Care Expenses** |  |  |
| **Unreimbursed Medical**  **Expenses/ Health Insurance Premiums** |  |  |
| **Job of Educational Training Expenses** |  |  |
| **Work or School Related Transportation Expenses** |  |  |
| **Back Income Taxes** |  |  |
| **Back Property Taxes** |  |  |
| **Bankruptcy or other Courtordered Judgment** |  |  |
| ***Other Debts: (List what debt is for)*** |  |  |
|  |  |  |

**This is to certify that the information I have provided above is true and correct to the best of my knowledge. I understand that lawyers may not assist new clients in any matters that are adverse to existing or former client’s interests. Legal Aid of NorthWest Texas will conduct a Conflict of Interest check. If it is determined that a conflict of interest exist, LANWT may not be able to provide me with representation in this matter.**

**DATE: SIGNED:**

**Print Name:**