AppalReD Legal Aid

Eligibility Application

Name_____ _____ _____ Date_____
First Middle Last

Maiden name and all previous last names _____

Mailing Address _____ _____ _____ _____
Street/PO Box/Apt. # City State Zip Code

Phone (Home) _____(Cell)_____(Work)_____

Email:_____ Best way to send client satisfaction survey: ☐Email ☐Text

Date of Birth (Month, Day, Year)_____ Social Security#_____

We require the following information for the purposes of understanding our population better and fulfilling our grant reporting requirements. The options for some of these questions were provided by our funders. Please help us serve you better by selecting the best answers to these questions. Thank You.

Are you a US Citizen? ☐Yes ☐No	Is anyone in your household a Veteran? ☐Yes ☐No

Gender Identity: ☐Male ☐Female ☐ Trans (male-to-female) ☐ Trans (male-to-female) ☐ Other_____ ☐ Decline to Answer

Are you a part of the LGBTQ+ community? ☐Yes ☐No ☐ Prefer not to respond
Sexual Orientation: ☐ Lesbian ☐ Gay ☐ Asexual ☐ Bisexual ☐ Queer ☐ Intersex ☐ Intersex Asexual ☐ Intersex Bisexual ☐ Intersex Gay ☐ Intersex Lesbian ☐ Something Else ☐ Decline to Answer

Race: "Select all that apply" ☐ White ☐ African American ☐ Asian ☐ Hispanic ☐ Native American ☐ Other_____

Marital Status: ☐ Single ☐ Divorced ☐ Separated ☐ Widow ☐ Married-*If married, is your spouse employed?* ☐Yes ☐No

Living Arrangements: ☐ Rented Apt/Home ☐Own Home ☐ Mobile Home ☐ Relatives ☐ Other _____

Are you: ☐ Disabled ☐ Applying for Disability ☐ Retired ☐ Employed
☐ Unemployed seeking employment ☐ Unemployed not seeking employment

Were you referred here by: ☐ Family/Friend ☐ Attorney ☐ Government Agency ☐ Prior Use ☐ Other_____

Please describe your legal problem or question:

List the people or companies that your legal issue is with:

Name:_____	Name:_____
Address:_____	Address:_____
Date of Birth (If known) _____	Date of Birth (If known) _____

Is the legal problem caused or impacted by: ☐COVID-19 Pandemic ☐ Substance Abuse
If either or both boxes are checked, please explain how your legal problem is related:_____

If your legal problem is expungement related do you participate in Anthem Medicaid Insurance? ☐Yes ☐No
Have you recently participated in a Goodwill Expungement Clinic? ☐Yes ☐No **If yes**, Date:_____

Eligibility Application Questions Continued on next page

Have you ever been a victim of domestic violence? ☐Yes ☐No **If yes**, date of last violence: _____
Have you ever experienced physical violence (hitting, kicking, slapping, pushing, or hair pulling) or intimidation (use of looks or gestures, breaking things, abusing animals, or displaying weapons) ☐Yes ☐No **If yes**, date of last violence:_____
Have you ever felt controlled by someone you were in a relationship with (not able to leave your home without permission or not allowed to have any access to money) ☐Yes ☐No
Have you ever felt pressured into staying in a relationship because you felt you were responsible for what would happen to that person or yourself if you left the relationship (threats of self-harm, threatened to report you to social services, etc.) ☐Yes ☐No
Have you ever been emotionally abused by someone you were in a relationship with (constantly being put down or belittled/name calling, being humiliated or made to feel bad about yourself, made to think you were "crazy") ☐Yes ☐No
Have you ever been the victim of stalking? ☐Yes ☐No **If yes**, when? _____
Have you been a victim of any other crime within the last year? ☐Yes ☐No **If yes**, what crime and when?_____
Are you having any tax issues or have you received a letter from the IRS? ☐Yes ☐No

HOUSEHOLD OCCUPANT(S)/MONTHLY INCOME/MONTHLY EXPENSES

Please list *ALL* income received by *ANYONE* living in your home and *ALL* household expenses.

Number of people currently living in your home: # of Adults _____ # of Children _____

IF MARRIED AND YOUR SPOUSE IS EMPLOYED AND LIVING IN THE SAME HOUSEHOLD, PLEASE INCLUDE YOUR SPOUSE'S INCOME AND EXPENSES UNLESS THIS IS A DIVORCE CASE.

Entire Household Monthly Income		Monthly Household Expenses	
Gross salary (before deductions)	$	☐ Mortgage ☐ Rent payment	$
Foster Care	$	Automobile payment	$
Food Stamps/SNAP	$	Insurance (vehicle, health, house/renter's)	$
K-TAP	$	Child Support	$
Social Security	$	Clothing/Equipment for work	$
SSI	$	Current Taxes	$
Black Lung Benefits	$	Dependent/Childcare	$
VA Benefits	$	Transportation (for work or school)	$
Worker's Compensation	$	Garnishment	$
Unemployment	$	Student Loans	$
Retirement/Pension	$	Unreimbursed Medical Expenses	$
Investment Income	$	Non-medical expenses related to age or disability	$
Child Support	$	Credit Card Payment(s)	$
Maintenance/Alimony	$	Other_____	$
Student Financial Aid	$		
Family/Friend Support	$		
Other_____	$		
Other_____	$		

Do you expect any change in income in the near future?
☐ No ☐Yes, please explain:_____

ASSETS

Cash on hand	$	Vehicle not used for Transportation	$
Bank account(s)		Real Estate you own but do not live on	$
Checking	$	Personal Property over $3,000	$
Savings	$	Cash Value Insurance	$
CD	$	Stocks/Bonds	$
Pre-paid Debit Card	$	Other_____	$
Do you have any household goods or personal effects that could readily be sold for cash to pay for a private attorney? ☐Yes ☐No			