

APPLICATION FOR SERVICES



Tell Us A Little About Yourself:

FIRST NAME		MIDDLE / MAIDEN NAME		LAST NAME	
ADDRESS				HOW DID YOU HEAR ABOUT US?	
May we send mail to this address? <input type="checkbox"/> No <input type="checkbox"/> Yes				<input type="checkbox"/> Flyer/Brochure <input type="checkbox"/> Family/Friend <input type="checkbox"/> Web Search <input type="checkbox"/> Legal Helpline <input type="checkbox"/> Referred by: _____	
BEST WAY TO CONTACT YOU		SAFE PHONE NUMBER		EMAIL ADDRESS	
<input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Text					
IS IT OKAY IF WE TEXT YOU?				CELL NUMBER	
<input type="checkbox"/> No <input type="checkbox"/> Yes, my cell phone company is: _____					
HOW MANY PEOPLE ARE IN YOUR HOUSEHOLD?			IS YOUR INCOME EXPECTED TO CHANGE SIGNIFICANTLY WITHIN THE NEXT 15 DAYS?		
_____ Over 60 years of age _____ 18-59 years of age _____ Under 18 years of age			<input type="checkbox"/> No <input type="checkbox"/> Yes; Reason: _____		
IS THIS ISSUE RELATED TO DOMESTIC VIOLENCE/ABUSE?			DO YOU PROVIDE CARE FOR A FAMILY MEMBER?		
<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Grandchild <input type="checkbox"/> Elderly Parent <input type="checkbox"/> Disabled Adult Child <input type="checkbox"/> Sibling (under age 18 or disabled) <input type="checkbox"/> Other: _____		
NAME OF OPPOSING PARTY (person or company that caused the problem)			DO YOU HAVE ANY ASSETS?		
_____			<input type="checkbox"/> Real Property/Land <input type="checkbox"/> Checking <input type="checkbox"/> Mobile Home <input type="checkbox"/> Savings <input type="checkbox"/> Automobile <input type="checkbox"/> Stocks/Bonds <input type="checkbox"/> Retirement/IRA/Pension <input type="checkbox"/> Boat <input type="checkbox"/> Motorcycle <input type="checkbox"/> Other Real Estate <input type="checkbox"/> Other: _____		
DO YOU HAVE A DISABILITY?		IF YES, WHAT KIND OF DISABILITY?		ARE YOU A VICTIM OF A CRIME?	
<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Domestic Violence/Abuse <input type="checkbox"/> Human Trafficking	
WHAT IS YOUR LIVING SITUATION?			WHAT IS YOUR MARITAL STATUS?		
<input type="checkbox"/> Renting <input type="checkbox"/> Own home <input type="checkbox"/> Living with family/friend <input type="checkbox"/> Shelter/temporary housing <input type="checkbox"/> Without housing/living in car/on the street <input type="checkbox"/> Other: _____			<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Living with Partner (not married/registered) <input type="checkbox"/> Registered Domestic Partnership <input type="checkbox"/> Other: _____		
HAVE YOU EVER BEEN INCARCERATED?			NAME OF SPOUSE/PARTNER:		
<input type="checkbox"/> Yes <input type="checkbox"/> No					

Tell Us About Your Financial Status:

GROSS MONTHLY INCOME		EXPENSES	
Work; Employer:	\$	Transportation	\$
Spouse's Work; Employer:	\$	Child Care/ Children's School	\$
Unemployment	\$	Medical/Dental	\$
TANF/Cash Assistance	\$	Child Support/Alimony	\$
SSI/Disability	\$	Income Tax Debt	\$
Pension/Retirement	\$	Rent/Mortgage	\$
Child Support	\$	Food	\$
Alimony	\$	Education (self)	\$
Veterans Benefits	\$	Utilities and Phone	\$
All Other Income	\$	Other (pet, disability care, etc.)	\$
TOTAL INCOME:	\$	TOTAL EXPENSES:	\$

Tell Us A Little More About You:

DATE OF BIRTH	SOCIAL SECURITY NUMBER OR A-NUMBER	ETHNICITY (choose one)	
____/____/____	SSN: XXX-XX-_____ A-Number: _____	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic/Latino <input type="checkbox"/> Choose Not to Respond	
SEXUAL ORIENTATION	GENDER	RACE (check all that apply)	
<input type="checkbox"/> Heterosexual/Straight <input type="checkbox"/> Lesbian <input type="checkbox"/> Gay <input type="checkbox"/> Bisexual <input type="checkbox"/> Choose Not to Respond <input type="checkbox"/> Other: _____	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender Male <input type="checkbox"/> Transgender Female <input type="checkbox"/> Choose Not to Respond <input type="checkbox"/> Other: _____	<input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Choose Not to Respond <input type="checkbox"/> Other: _____	
IS ENGLISH YOUR NATIVE LANGUAGE?	PREFERRED LANGUAGE	ARE YOU A U.S. CITIZEN?	IF NOT, WHAT IS YOUR NATIONALITY?
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
HAVE YOU SERVED IN THE MILITARY?	DO YOU HAVE HEALTH CARE COVERAGE?	DO YOU RECEIVE PUBLIC BENEFITS?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> SNAP (Food Stamps) <input type="checkbox"/> Medicaid/Medicare <input type="checkbox"/> SSI/Disability <input type="checkbox"/> TANF/Cash Assistance <input type="checkbox"/> Utilities and/or Housing Subsidy	

I certify that the information provided above is true and correct to the best of my knowledge.

SIGNATURE

DATE

*Gulfcoast Legal Services is an equal access legal aid provider, which assists persons without regard to age, race, ethnicity, gender, religion, national origin, sexual orientation, immigration status, or disability.
A copy of Gulfcoast Legal Services' complaint procedure is available upon request.*