

- Roommate who share utilities and rent but have no family relationship and who do not live as a family are not included in the household's overall income.
- Family members will include children with whom the application has "legal" custody, not who has physical custody.

7. Total # of Household Members _____ # of Adults; those 18 and over _____

of Children; those 17 and under _____

Household members:

Name	Age	Name	Age

If you are living with other adult family members, (Parents, Grandparents, Siblings) please explain the living arrangements, including how long you have lived with them, if it is temporary or permanent and what your future plans are: _____

8. Do you have legal custody of the children listed above?
 Yes No

9. Income from all Sources:

Paid: _____ Weekly _____ Monthly _____ 2x Month _____ Every 2 weeks

Gross monthly income from employment before taxes and expenses:

Applicant: \$ _____ per mo. Spouse/significant other: \$ _____ per mo.

Other income: \$ _____ per month. Source of Income: _____

Child support or alimony you receive: \$ _____ per month

 Employer Name Address

() _____

Telephone Number

*Income: actual current annual total cash receipts before taxes of all persons who are resident members of the applicant's household and contribute to the support of an applicant's household. Total cash receipts include, but are not limited to, wages and salaries before any deduction; income from self-employment after deductions for business or farm expenses; regular payments from governmental programs for low income persons or persons with disabilities; social security payments; unemployment and worker's compensation payments; strike benefit from union funds; veterans benefits; training stipends; alimony; child support payments; military family allotments; public or private employee pension benefits; regular insurance or annuity payments; income from dividends, interest, rents, royalties from estate and trusts; and other regular recurring sources of financial support that are currently actually available to the applicant.

10. Please list all other Adult household member's gross monthly income (before taxes and expenses):
 \$ _____

11. Do you, your spouse or your children receive State and/or Federal Benefits such as:
 Social Security, Medicaid, Medicare, Food Stamps, WIC, Unemployment, Worker's Comp, etc.?
 Yes No If Yes, please complete the following:

Name	Type of Benefit	Amount Received

12. If you listed no income, how are you supporting yourself? _____

13. Do you rent your home? Yes No If yes: Rent \$_____ per month

14. Do you receive housing assistance? Yes No If yes, how much per month \$_____

15. Landlord Name and Address: _____

SECTION III. ASSETS

16. If you own your home, what is its current value? \$_____

Do you or anyone else in your household own any other homes?

Yes No If Yes what is the value? \$_____

17. Do you or anyone in your household own land, other than land which your above home sits?

Yes No If Yes, what is the current value of the land? \$_____

18. Provide the total amount of cash of everyone in your household. Please do not leave any box empty.

If your household does not have one of the listed funds, put "NA" in the box. Put in "0" if your household has the account, but there is no money in it.

Name	Cash	Checking	Savings	Other

19. What is the value of your primary vehicle? \$_____ Amount Owed? \$_____

20. Do you or anyone in your household own any other vehicles? Yes No If yes, please list the vehicle(s).

Year and Make/Model	Value	Owner of Vehicle

21. List any other items of value that you or a household member owns that is worth more than \$200.

Owner	Description of Item	Value

SECTION IV. CASE INFORMATION:

22. Type of Service: ___ Divorce; ___ Custody; ___ Education; ___ Guardianship; ___ Other
Provide a brief description of issues or problem to be resolved: (continue description on back of this page if necessary). _____

23. Name of Your Attorney (if any): _____ Phone: _____

24. Name of Other Party's Attorney (if any): _____ Phone: _____

25. Is there an Open Court Case? Yes No Don't Know

a. Case Number: _____, Court Location: _____

b. Deadlines (court dates, answer dates, etc.) _____

26. Domestic Violence - Is there a concern about your safety that we need to be aware of?

Explain: _____

OATH

I affirm that this APPLICATION FOR LEGAL SERVICES contains a complete disclosure of my current income and assets from all sources and is accurate to the best of my knowledge. I understand that, if I have misrepresented my income or assets, I will be liable for repaying the cost of these services.

DATED this _____ day of _____, 20____.

Applicant Signature

(Return application to office by Mail, Fax or Email along with proof of income and any court documents to address or numbers at the top of page 1.)

**PLEASE DO NOT FILL OUT THIS PAGE
FOR WCLC USE ONLY**

SECTION V.: REVIEW

Household Size ____; Income \$____; Income Limit: ____; Income qualified? (Y/N)____

Assets \$____; Asset Limit \$____; Assets qualified? (Y/N) _____

Eligible? [] Yes [] No BY: _____ Date: _____

Eligibility Review Date: _____; Reviewed by: _____

WCLC Service Offered: _____

Special Notes: _____
