

ALSC APPLICATION FORM

Name: _____

Other names by which you have been known: _____

Marital status: _____ Date of birth: _____ Ethnicity _____

(Statistical purposes only)

Mailing address: _____

Phone Nos: Home _____ Work _____ Cell _____ Message _____

Total number of people in your household: _____ Number of these who are under 18 _____ over 60 _____

PLEASE LIST ALL INCOME RECEIVED BY EVERYONE IN YOUR HOUSEHOLD INCLUDING YOURSELF. WE CANNOT PROCESS YOUR APPLICATION WITHOUT COMPLETE INCOME INFORMATION.

Current gross income from all household members:				Household Expenses:			
Source	Amt	Time period	Item	Balance	Pmts	Time period	
ATAP or TANF	_____	per _____	Child care	_____	_____	per _____	
Adult Public Assistance	_____	per _____	Child support	_____	_____	per _____	
Alimony/child support	_____	per _____	Medical	_____	_____	per _____	
Earnings/wages	_____	per _____	Emplmnt exps:	_____	_____	per _____	
PFD	_____	per _____	Other: _____	_____	_____	per _____	
Retirement/pension	_____	per _____		_____	_____	per _____	
Senior Care cash benefit	_____	per _____		_____	_____	per _____	
Social Security	_____	per _____		_____	_____	per _____	
SSI	_____	per _____		_____	_____	per _____	
Unemployment	_____	per _____		_____	_____	per _____	
VA	_____	per _____		_____	_____	per _____	
Worker's comp	_____	per _____		_____	_____	per _____	
Other	_____	per _____		_____	_____	per _____	
Total	_____	per _____		_____	_____	per _____	

Household members

Name _____ Date of birth _____

Total income from all sources for past 12 months or last calendar year: _____

Land (location, acreage, value, debt): _____

Bank accts (bank(s), balance(s)): _____

Vehicles (yr, make, value, debt): _____

Other (item, value): _____

Type of case or legal question: _____

Opposing party's name: _____

Opposing party's address: _____

What other areas of Alaska has opposing party lived in? _____

List any other names by which opposing party is known: _____

If you have been to Legal Services before, state where and when: _____

This information is accurate to the best of my knowledge: _____

(Signature)

(Sign this box only if you are a U.S. citizen)

I am a citizen of the United States: _____

(Signature)

(Date)

Casehandler use:
 Applicant is > 125%, but
 ___ seeks help to maintain
 low-income benefits, or
 ___ ED finds applicant has
 income primarily committed
 to medical/NIH expenses
 which if excluded makes
 applicant eligible; or
 ___ suitable OI funding, or
 ___ is < 200% and
 ___ seeks assistance to
 obtain low-income benefits
 or obtain/maintain disability
 benefits; or
 ___ is eligible based on
 1611.5(a)(4) factors as
 specified in Notes.

(Initials)

OVER PLEASE

OPTIONAL INFORMATION

Your answers to these questions **will not** affect you eligibility.

This information is gathered for data collection purposes only.

Ethnicity _____ Primary Language _____ Interpreter needed? _____

Employer Name _____

Type of Housing _____

Currently Homeless? _____ At Risk for Homelessness? _____

Please list any physical or mental disabilities: _____

Domestic violence, or allegation of DV, involved in case? _____

Who or what agency referred you to our program? _____
