

LEGAL ASSISTANCE OF OLMSTED COUNTY (LAOC)

1136 Seventh Street NW

Rochester, MN 55901

Phone (507) 287-2036 Fax (507) 287-2035

Website: www.laocmn.org E-mail: info@laocmn.org

ELIGIBILITY QUESTIONNAIRE (LANDLORD/TENANT)

Dear Applicant:

Thank you for your interest in Legal Assistance of Olmsted County (LAOC). LAOC represents low-income residents of Olmsted County with various issues, including family law and landlord-tenant issues.

In order to help you, we do need some basic information about your situation. Please fill out the following questionnaire and return it to our office with **all necessary paper work** attached. All information you provide on this form is strictly confidential and no one outside this office will have access to it without your written permission.

If you are eligible for services, LAOC will contact you to set up an appointment. At the time of your first appointment **you will be asked to pay a one-time administrative fee of \$0 to \$50. If you believe that you will be unable to pay this fee at your initial consultation, you may ask for a payment plan or a waiver at your first appointment.**

If any of the information that you have listed on the questionnaire changes prior to your first appointment, please call LAOC with this information. If you have any questions, please contact LAOC at 287-2036.

At your request, we will not write to you and/or telephone you. Please notify intake staff if you do not wish to be directly contacted by our office.

Thank you.

INFORMATION ON DISPUTE

10. Address (if different) _____ Apt/Lot# _____
Type of place? Please circle one:
Apartment House Mobile Home Boarding House/Motel Other (_____)
Number of rental units in building? _____ How many people live with you? _____
11. Landlord's Name _____ Landlord's Phone _____
Landlord's Address _____
Does the landlord own/ manage (*circle*) the property?
12. When did you move in? _____ When did you move out? _____
Did you sign a lease? Yes _____ No _____ If yes, length of the lease? _____
Do you have a copy of the lease? Yes _____ No _____ *If yes, bring in copies of your papers.*
13. How much is your rent? _____ When is it due? _____
14. Has all rent been paid? Yes _____ No _____
If no, when did you not pay the rent or pay less than the full amount? _____
How much back-rent is owed? _____
15. How much was your security deposit? _____ When did you pay it? _____
Has the security deposit been applied to the rent? Yes ___ No ___ If yes, when? _____
16. Have you received an eviction notice from your landlord? Yes _____ No _____
Have you received any court papers for eviction? Yes _____ No _____
If yes, attach copies of your papers.

INFORMATION ABOUT YOUR CHILDREN
(If you do not have children skip to #15)

17. Do you have children? Yes _____ No _____ If yes, how many? _____
18. Who do your children live with? (Name and relationship) _____
19. Do you regularly (*circle*) receive/pay child support for the children? Yes ___ No ___ N/A ___
Has the court issued a child support order? Yes _____ No _____ Don't Know _____
Amount of child support you receive/pay? _____ How often? _____
Amount of back child support owed to/by you, if any? _____
When was the last time you received/paid child support? _____
Is support withheld by Automatic Income Withholding? Yes _____ No _____
What is your 10-digit Minnesota Child Support Number? _____

PREVIOUS REPRESENTATION

20. Have you ever applied for services or been represented by this office? Yes _____ No _____
If yes, name of opposing party in that case? _____
Type of case? _____
21. Has anyone in your family ever been represented by this office? Yes _____ No _____
If yes, name of opposing party in that case? _____
Type of case? _____
22. Has the opposing party ever been represented by our office? Yes _____ No _____
If yes, name of opposing party in that case? _____
Type of case? _____

FINANCIAL INFORMATION

YOU MUST PROVIDE A PHOTOCOPY OF A RECENT CHECK STUB, RECENT TAX RETURN (IF SELF-EMPLOYED), OR VERIFICATION OF GOVERNMENT BENEFITS. FAILURE TO PROVIDE THIS INFORMATION WILL MAKE YOU INELIGIBLE FOR SERVICES THROUGH LAOC.

23. Are you receiving government assistance? Yes _____ No _____ If yes, please circle type:
MA/MN Care MFIPS/AFDC Unemployment GA SS SSI Worker's Comp Other(_____)
- Amount of aid received monthly _____ Food Stamps _____
24. Are you employed? Yes _____ No _____ Where _____
Gross monthly income (before taxes/deductions) _____
If you state you are unemployed, why are you unemployed? _____
If self-employed, how much are your monthly self-employment expenses? _____
25. Do you receive any additional income from any other source? Yes _____ No _____
If yes, please circle source:
alimony financial aid dividends interest royalties other (_____)
- How much? _____ How often? _____
26. If married, is your spouse employed? Yes _____ No _____ If yes, where? _____
Gross monthly income (before taxes/deduction)? _____

27. Are you a student? Yes _____ No _____

If yes, how are you financing your education? (Please list the amounts)

Loan: _____ Scholarship: _____ Grants: _____ Other: _____

28. If you have no monthly income, explain how you pay your monthly bills?

29. List all people living with you in your home.

<u>NAME</u>	<u>DATE OF BIRTH</u>	<u>AGE</u>	<u>RELATIONSHIP</u>	<u>GROSS MONTHLY INCOME</u> <small>(Please Attach Verification)</small>
-------------	----------------------	------------	---------------------	--

FOR EACH PERSON OVER 18 (unless still in high school) THAT IS LIVING IN YOUR HOME, INDICATE THE GROSS MONTHLY INCOME AND ATTACH A PHOTOCOPY OF THEIR MOST RECENT PAYSTUB. IF YOU ARE LIVING WITH A SIGNIFICANT OTHER, YOU MUST PROVIDE INCOME VERIFICATION FOR THAT PERSON. FAILURE TO PROVIDE THIS INFORMATION WILL MAKE YOU INELIGIBLE FOR SERVICES.

30. How were you referred to LAOC? Please circle source:

Friend Phone Book Social Services Internet Other (_____)

31. I certify that the information that I have listed is correct to the best of my knowledge, and I agree that if I have provided false or misleading information LAOC may discontinue its representation of me at any time during my case.

Signature _____ Date _____

****IF LAOC DISCOVERS THAT YOU HAVE PROVIDED FALSE OR MISLEADING INFORMATION IN THIS QUESTIONNAIRE, WE MAY DECIDE NOT TO REPRESENT YOU IN THIS OR OTHER MATTERS.****