

LEGAL ASSISTANCE OF OLMSTED COUNTY (LAOC)

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ELIGIBILITY QUESTIONNAIRE (TENANT'S RIGHTS CLINIC)

Dear Applicant:

Thank you for your interest in Legal Assistance of Olmsted County (LAOC). LAOC represents eligible 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 submit it to our office with **all necessary paper work** attached, (**which includes verification of household income.**) 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, we have a tenant's rights clinic normally every Friday from 9:30-11:30 a.m. You may wish to verify that a clinic will be held on the Friday you wish to attend, as our attorneys are not always available to meet during this time. ****Certain cases, if eligible, may warrant scheduling a consult appointment outside of our clinic hours to meet with an attorney. ****

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.

*****ATTENTION: If your current issue involves Section 8 or any housing assistance related matters, you may wish to inform the front desk of this, as your matter may need to be referred to Southern Minnesota Regional Legal Services (SMRLS) for intake.**

TENANT DATA
GENERAL INFORMATION

1. Full Name _____ Former/Maiden _____
 First Middle Last
Date of Birth _____ Age _____ Social Security # _____
Street Address _____ Apt/Lot# _____
City _____ State _____ Zip _____
Telephone Home _____ Work _____ Cell _____
E-Mail Address _____

May we leave a message? Yes ___ No ___ If yes, with whom? _____

2. Are you disabled? Yes _____ No _____

3. What ethnicity are you? (**circle**) African American Native American Asian White Latino Other

4. Are you a U.S. citizen? Yes ___ No ___ If no, please explain: _____

5. How long have you lived in Olmsted County? _____

If less than six months, where did you live before? _____

WHAT DO YOU NEED HELP WITH?

6. Do you want to stay where you are living? Yes _____ No _____

7. Do you want time to find another place to live? Yes _____ No _____

8. Do you want the landlord to make repairs? Yes _____ No _____

9. **Explain your legal matter?**

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>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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.****