

**AFFORDABLE HOUSING ADVOCATES  
APPLICATION FOR LEGAL SERVICES**

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*For Office Use Only*

Date: \_\_\_/\_\_\_/\_\_\_

[IMPACT/TRP] Case Number: \_\_\_ - \_\_\_

Legal Worker: \_\_\_\_\_ Initial Interview/Appointment Date: \_\_\_\_\_ Time: \_\_\_\_\_

Action: Refer to: \_\_\_\_\_; \_\_\_ C&A; \_\_\_ Ltd. Assist.; \_\_\_ Ind. \_\_\_ Impact Rep. RE \_\_\_ Adv. \_\_\_ Lit.

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Please complete and submit this form to AHA by fax (619) 233-4828, or e-mail [admin@affordablehousingadvocates.org](mailto:admin@affordablehousingadvocates.org)

1. Name(s) of Applicant: \_\_\_\_\_

2. Name(s) of all other adult household members: \_\_\_\_\_

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3. Brief description of your problem: \_\_\_\_\_

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4. Are there others in your complex with the same problem?     Yes     No     Don't Know

5. Have you seen another attorney about this problem?     Yes     No    6. How did you find out about us? \_\_\_\_\_

7. Home Address : \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Personal E-mail: \_\_\_\_\_

8. Telephone Numbers:    Home: \_\_\_\_\_

Work: \_\_\_\_\_    Cell/Messages: \_\_\_\_\_

9. Date of Birth: \_\_\_\_\_    Age: \_\_\_\_\_

10. Number of persons living in your home: \_\_\_\_\_    Age of each child: \_\_\_\_\_

11. Is any adult household member currently employed?     Yes     No

Are you a U. S. Veteran?     Yes     No

12. Can this office contact you, and others in your household, at work, if necessary?

Yes    For: \_\_\_\_\_

The best time(s) to call: \_\_\_\_\_

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13. Please list the total monthly income of all household members unless otherwise indicated:

NAME:				Total
Employment (before taxes, for those 18 and older [ ] ) <i>Include two (2) most recent paystubs</i>				
Unemployment\Worker's Compensation				
Child Support				
Social Security				
Pension\Retirement				
CalWorks\General Relief (GR)				
SSI\SSP				
CalFresh (food stamps)				
Other Income:				
<b>TOTAL INCOME</b>	\$	\$	\$	\$

14. Have you applied for any additional income?  Yes  No

15. Does your income, or the income of any household member(s), vary significantly throughout the year?

Yes  No

If so, as to each, what is the average monthly income over the last twelve-months. \$ \_\_\_\_\_  
[Initials: \_\_ ]; \$ \_\_\_\_\_ [Initials: \_\_ ]

16. Optional-Race/Ethnicity:  American Indian \_\_\_\_\_  
 Asian \_\_\_\_\_  
 Black/African American \_\_\_\_\_  
 Hispanic/Latin \_\_\_\_\_  
 Hawaiian/Pacific Islander \_\_\_\_\_  
 White \_\_\_\_\_  
 Other: \_\_\_\_\_

The above information is correct. I will report any changes to AHA as soon as possible but no later than **within** 10 days.

DATED: \_\_\_\_\_

SIGNATURE \_\_\_\_\_

WARNING: This document contains information that is intended to be confidential. The user should save the form to a personal computer and/or print it out and delete all entries before leaving the website.