

# LEGAL AID SOCIETY OF SAN BERNARDINO (BARSTOW)

DATE: \_\_\_\_\_ CLOSE DATE: \_\_\_\_\_

Staff use only:  
Previous visit date: \_\_\_\_\_ Previous funder: \_\_\_\_\_  
Previous stat #: \_\_\_\_\_

**HAVE YOU BEEN A CLIENT IN THIS OFFICE BEFORE?**

Yes  No If yes, when? \_\_\_\_\_

What were you previously here for? \_\_\_\_\_

Who referred you to us? \_\_\_\_\_

Has CPS ever been involved with this case? \_\_\_\_\_

**DO YOU HAVE AN ATTORNEY**  Yes  No

**YOUR NAME & ADDRESS:**

NAME: \_\_\_\_\_

Address: \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing address (if different than physical address):

Address: \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Sex: \_\_\_\_\_ Social Security # \_\_\_\_\_

Are you pregnant? \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**RACE/ETHNICITY (CHECK ALL THAT APPLY):**

Non-Hispanic **OR**  Hispanic **AND**

Black/African Amer.  White

Asian/Pacific Island  Native Am.

Other: \_\_\_\_\_

**SPOUSE:**

Address: \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SS# \_\_\_\_\_

Is this person in the military? \_\_\_\_\_

**ADVERSE PARTY**

Address: \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Is this person in the military? \_\_\_\_\_

**MARITAL STATUS**

- Single
- Married
- Separated
- Divorced
- Widowed
- Unmarried Partners

**NUMBER OF DEPENDENTS**

- Self  Spouse
- Children \_\_\_\_\_
- Ages: \_\_\_\_\_
- Other(s) \_\_\_\_\_

**TOTAL NUMBER IN HOUSEHOLD** \_\_\_\_\_

Legal Aid Staff Use Only: District: \_\_\_\_\_

\_\_\_\_\_ ICLS \_\_\_\_\_ CNTY  BS  C&A

**Fee waiver and application Match-Signed:** \_\_\_\_\_

Language: \_\_\_\_\_ Prob. Cod: \_\_\_\_\_

Interpreter: \_\_\_\_\_ CSR Report:  Yes  No

Citizenship?  Yes  No Assets:  Yes  No

Liquid Asst: \_\_\_\_\_ Non Liquid Asst: \_\_\_\_\_

If minor(s) involved how many & age: \_\_\_\_\_

**EMPLOYMENT STATUS – I AM:**

- Employed  Retired
- Unemployed  Disabled
- Non-working housewife  Migrant farm worker
- Student  Military

**TOTAL GROSS FAMILY INCOME EACH MONTH** (You will have to prove these to the Court, use exact figures from your aid check or from your paycheck)

Your employment \$ \_\_\_\_\_

Hourly Rate \$ \_\_\_\_\_ Hrs per week \_\_\_\_\_

Spouse's Incm. (AVAIL TO YOU) \$ \_\_\_\_\_

Welfare \$ \_\_\_\_\_

Social Security \$ \_\_\_\_\_

Unemployment Insurance \$ \_\_\_\_\_

SSI \$ \_\_\_\_\_

Disability \$ \_\_\_\_\_

Alimony \$ \_\_\_\_\_

Child Support (that you receive) \$ \_\_\_\_\_

Other income available to you \$ \_\_\_\_\_

Specify source: \_\_\_\_\_

**TOTAL MONTHLY INCOME** \$ \_\_\_\_\_

**Food Stamps**  Yes  No

**FINANCIAL NECESSITIES PAID EACH MONTH:**

Medical or nursing costs \$ \_\_\_\_\_

Payment for IRS or state taxes \$ \_\_\_\_\_

Child care expenses \$ \_\_\_\_\_

Transportation for employment \$ \_\_\_\_\_

Child Support (COURT ORDERED) \$ \_\_\_\_\_

**TOTAL NECESSITIES** \$ \_\_\_\_\_

**WHAT IS YOUR LEGAL PROBLEM?**

\_\_\_\_\_

**I TRIED GETTING HELP WITH THIS PROBLEM**

**AT:** \_\_\_\_\_

**CITIZENSHIP ATTESTATION**

I am a citizen of the United States:

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date)



**EXHIBIT 6**  
**Income Qualification Statement**

Economic Development Agency of the  
City of San Bernardino

2010/2011 Community Development Block Grant  
Subrecipient Agreement

This Program is available at no cost for individuals or families who meet the income limits specified below. The income limit is based on the total gross annual income of all household members from all sources of income.

2010/2011 Annual Gross Income Limit

	Number of Persons Per Household							
	1	2	3	4	5	6	7	8+
30% of Median	\$13,650	\$15,600	\$17,550	\$19,500	\$21,100	\$22,650	\$24,200	\$25,750
Very Low-Income (50%)	\$22,750	\$26,000	\$29,250	\$32,500	\$35,100	\$37,700	\$40,300	\$42,900
Low-Income (80%)	\$36,400	\$41,600	\$46,800	\$52,000	\$56,200	\$60,350	\$64,500	\$68,650

1. Total Number of Persons in Household: \_\_\_\_\_
2. Total Annual Gross Income of Household: \_\_\_\_\_
3. Number of Persons Handicapped or Disabled: \_\_\_\_\_
4. Number of Persons 60 Years of Age or More: \_\_\_\_\_
5. Ethnicity:  White/Not Hispanic Origin       Black Not Hispanic Origin       Hispanic  
 American Indian/Alaskan Native       Asian/Pacific Islander

I CERTIFY UNDER PENALTY OF PERJURY THAT INCOME AND HOUSEHOLD STATEMENTS MADE ON THIS FORM ARE TRUE.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street, City, State, Zip)

Signature: \_\_\_\_\_ Title: \_\_\_\_\_