

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)



**CITY OF VICTORVILLE
CDBG PROGRAM**



**EXHIBIT 9
Beneficiary Qualification Statement (Public Services Only)**

Project/Activity Title:

Project Number:

Name/Address of Contractor Agency:

BENEFICIARY QUALIFICATION STATEMENT

This form has the purpose of providing information needed to qualify the use of Federal Community Development Block Grant (CDBG) funds for the project/activity described above. This statement must be completed and signed by each person or, head of household (legal guardian) requesting to receive benefits from the described project/activity. **Please answer each of the following questions.**

1. For this question a household is a group of related or unrelated persons occupying the same house with at least one member being the head of the household. Renters, roomers, or borders cannot be included as household members.

➤ **How many persons are in your household?** _____

2. For this question, a list of the 2011 income categories is presented below. Please calculate the combined gross annual income of all persons in your household from all sources of income.

➤ **Circle your combined gross annual income.**

NUMBER OF PERSONS	1	2	3	4	5	6	7	8
VERY LOW/LOW 50% and Below (not to exceed)	\$22,950	\$26,200	\$29,500	\$32,750	\$35,400	\$38,000	\$40,650	\$43,250
LOW/MODERATE 51-80% (not to exceed)	\$36,700	\$41,950	\$47,200	\$52,400	\$56,600	\$60,800	\$65,000	\$69,200

3. Please circle **yes** or **no** if you are a female Head of Household? **YES** **NO**

4. Per HUD regulations, data on ethnicity and race is to be collected by one ethnicity and ten race categories.

➤ **Please select one ethnicity and one race category.**

Please fill out the reverse side of this form and sign where indicated.



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HISPANIC/LATINO ETHNICITY: Please circle **yes** or **no**.

YES NO

If you circled yes, please select one of the categories below.

- Yes, Mexican/Chicano
- Yes, Cuban
- Yes, Puerto Rican
- Yes, Other Hispanic/Latino: _____

RACE (select one):

- White
- American Indian or Alaska Native **AND** White
- Black/African American
- Asian **AND** White
- Asian
- Black/African American **AND** White
- American Indian or Alaska Native
- American Indian/Alaskan Native **AND** Black/African American
- Native Hawaiian or Other Pacific Islander
- Other: _____

5. Would you qualify you as falling in one of the following categories: low or moderate-income household, abused child, battered spouse, elderly person, homeless person, disabled person, illiterate person or migrant farm worker? If yes, please describe what would qualify you (i.e. battered spouse, I am currently residing in a shelter for battered spouses).

ACKNOWLEDGMENT AND DISCLAIMER

I CERTIFY UNDER PENALTY OF PERJURY THAT INCOME AND HOUSEHOLD STATEMENTS MADE ON THIS FORM ARE TRUE. I ALSO UNDERSTAND AND AGREE THAT I MAY BE ASKED TO PROVIDE PROOF OF INCOME AS STATED HEREIN AS PART OF THE MONITORING COMPLIANCE PROCESS FOR BENEFITS RECEIVED FROM THE PROJECT/ACTIVITY.

NAME: _____ DATE: _____

ADDRESS: _____ PHONE: _____

SIGNATURE: _____

The information you provide on this form is for Community Development Block Grant (CDBG) program purposes only and will be kept confidential.