

Small Business and Community Non-profit Application for Legal Assistance

Through its Small Business and Community Non-profit Project, the Madison County Volunteer Lawyers Program (MCVLP) assists with entity formation guidance, general commercial lease advice, and general contract review to income eligible small businesses and non-profits. To obtain assistance, the entity must be composed primarily of people eligible for assistance from the MCVLP or must have as a principal activity the delivery of services to those who would be financially eligible for MCVLP services. Please print clearly and fill in all blanks. If we cannot read or you leave blanks, we will not be able to process your Application. If needed, use none, unknown, or n/a (not applicable).

Full Name: _____
FIRST MIDDLE LAST

Date of Birth: _____ Age: _____ Last 4 Digits of Social Security #: _____

Email Address: _____ May we contact you by email? ☐ Yes ☐ No

Mobile Phone #: _____ May we leave a message at this number? ☐ Yes ☐ No

Home Phone #: _____ May we leave a message at this number? ☐ Yes ☐ No

Street Address: _____

City: _____ County: _____ State: _____ Zip: _____

Marital Status: ☐ Single ☐ Married ☐ Common Law Married ☐ Separated ☐ Divorced ☐ Widow

Gender: ☐ Female ☐ Male ☐ Other

Race/Ethnicity:

☐ Caucasian/White ☐ African American & White ☐ African American/Black ☐ American Indian ☐ Asian
☐ Asian & White ☐ American Indian & Black ☐ American Indian & White ☐ Hispanic ☐ Other

Are you a United States Citizen? ☐ Yes ☐ No

If you are not a U.S. citizen, are you a legal (registered) resident? ☐ Yes ☐ No ***Requires Non-Citizenship Eligibility Form**

Do you consider yourself Hispanic? ☐ Yes ☐ No

How did you hear about MCVLP? (Please check all that apply):

☐ Referred by Attorney ☐ Referred by Court ☐ Referred by Client ☐ Internet
☐ I was a previous client ☐ Friend/Family Member ☐ Social Service Organization ☐ Other

Living Arrangements (Please check all that apply):

☐ Own/Mortgaged House ☐ Rented House ☐ Apartment ☐ Condo ☐ Hotel/Motel
☐ Own/financed Mobile Home/RV ☐ HUD/Public Housing ☐ FEMA Trailer ☐ Rented Room ☐ Shelter
☐ Rented Mobile Home/RV ☐ Section 8 Voucher ☐ Military Base ☐ Nursing Home ☐ Hospice
☐ With Friend(s) ☐ With Relative(s) ☐ Homeless ☐ Rehab Facility ☐ Jail/Prison

If you live with Friend(s) or Relative(s), how long have you lived there: _____ months/years

Household and Income Information

Total number of people in household: _____

Number of people age 19 and older: _____

Number of people under the age of 19: _____

List everyone in your household & their monthly income – (include yourself as part of your household)

| Name | Relationship to you | Age | Amount of Monthly Income before taxes |
|------|---------------------|-----|---|
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |

Income Source(s)

(Please include monthly amount):

- | | | |
|---|---|--|
| <input type="checkbox"/> AFDC/TANF \$ _____ | <input type="checkbox"/> Alimony \$ _____ | <input type="checkbox"/> Army Reserve \$ _____ |
| <input type="checkbox"/> Child Support \$ _____ | <input type="checkbox"/> Employment \$ _____ | <input type="checkbox"/> Financial Aid \$ _____ |
| <input type="checkbox"/> Other \$ _____ | <input type="checkbox"/> Rental Income \$ _____ | <input type="checkbox"/> Pension \$ _____ |
| <input type="checkbox"/> Self-Employment \$ _____ | <input type="checkbox"/> SSD Disability \$ _____ | <input type="checkbox"/> SSI \$ _____ |
| <input type="checkbox"/> SS Survivor Benefits \$ _____ | <input type="checkbox"/> Spousal Support \$ _____ | <input type="checkbox"/> Tips \$ _____ |
| <input type="checkbox"/> Trust/ Interest/Dividends \$ _____ | <input type="checkbox"/> Unemployed | <input type="checkbox"/> Unemployment Comp. \$ _____ |
| <input type="checkbox"/> Veteran's Benefits \$ _____ | <input type="checkbox"/> Worker's Comp. \$ _____ | |

If you are employed, please list your place of employment: _____

If you are paid hourly, how many hours per week do you work? _____ How much do you earn per hour? \$ _____

Are you expecting an increase in your household income in the near future? ☐ Yes ☐ No

If no, and you did not list any other source of income, how are you paying your bills/expenses?

Monthly Expenses

(Please list the amount of your monthly expenses for the following):

- | | | |
|--|--|---|
| <input type="checkbox"/> Alimony \$ _____ | <input type="checkbox"/> Car Insurance \$ _____ | <input type="checkbox"/> Chapter 13 payment \$ _____ |
| <input type="checkbox"/> Childcare \$ _____ | <input type="checkbox"/> Child support \$ _____ | <input type="checkbox"/> Expenses to/from work \$ _____ |
| <input type="checkbox"/> Garnishment \$ _____ | <input type="checkbox"/> Health Insurance \$ _____ | <input type="checkbox"/> Home Insurance \$ _____ |
| <input type="checkbox"/> Land Payment \$ _____ | <input type="checkbox"/> Medical \$ _____ | <input type="checkbox"/> Mobile Home Payment \$ _____ |
| <input type="checkbox"/> Mortgage \$ _____ | <input type="checkbox"/> Nursing Home \$ _____ | <input type="checkbox"/> Payday Loan \$ _____ |
| <input type="checkbox"/> Rent \$ _____ | <input type="checkbox"/> Second Mortgage \$ _____ | <input type="checkbox"/> Student Loan Payment \$ _____ |
| <input type="checkbox"/> Title Loan \$ _____ | <input type="checkbox"/> Unpaid taxes \$ _____ | <input type="checkbox"/> Vehicle Payment \$ _____ |

Assets and Demographics

I. Home and Land

Do you, or any household member, own, or are you buying, a home that you live in? ☐ Yes ☐ No

If yes, Home Value \$ _____ Balance Owed \$ _____

Do you, or any household member, own land/property other than your current home? ☐ Yes ☐ No

Do you, or any household member, own any other property, not listed above? ☐ Yes ☐ No

If yes, list the property and value _____

II. Vehicles

Do you, or any household member, own, or are you buying, any vehicles? ☐ Yes ☐ No

If yes, how many vehicles do you own or are you buying? _____

Year _____ Make _____ Model _____ Balance Owed \$ _____ Value of Vehicle \$ _____

Year _____ Make _____ Model _____ Balance Owed \$ _____ Value of Vehicle \$ _____

III. Other Accounts

Do you, or any household member, own any CDs/Stocks/Bonds? ☐ Yes ☐ No

If yes, list the value _____

Do you have any money in a checking or savings account? ☐ Yes ☐ No

If yes, what is the current balance _____

Apart from the items listed above, do you, or other household members own any possessions or personal property worth more than \$5,000.00? ☐ Yes ☐ No

If yes, list the item(s), value, and owner: _____

IV. Benefits you or any household member receive (Please check all that apply):

- | | | |
|--|--|---|
| <input type="checkbox"/> ALL Kids | <input type="checkbox"/> Customer Waiver Electricity | <input type="checkbox"/> Family Assistance/TANF |
| <input type="checkbox"/> Food stamps/SNAP \$ _____ | <input type="checkbox"/> Lifeline (Phone) | <input type="checkbox"/> Medicaid |
| <input type="checkbox"/> Medicare | <input type="checkbox"/> Public Housing | <input type="checkbox"/> Section 8 Housing |
| <input type="checkbox"/> SSI Childcare assistance | <input type="checkbox"/> Senior Citizen Housing | <input type="checkbox"/> USDA/Rural Housing |
| <input type="checkbox"/> Utility Assistance | <input type="checkbox"/> WIC | |

V. Demographics (Please check all that apply):

- | | | |
|---|---|--|
| <input type="checkbox"/> Domestic Violence Victim | <input type="checkbox"/> Elderly, over age 74 | <input type="checkbox"/> Military |
| <input type="checkbox"/> Person with disabilities | <input type="checkbox"/> Sexual Violence Victim | <input type="checkbox"/> Single Parent |
| <input type="checkbox"/> Stalking Victim | <input type="checkbox"/> Student | <input type="checkbox"/> Veteran |

VI. Highest Education Level:

- | | | | |
|---|---|--|--------------------------------|
| <input type="checkbox"/> Elementary | <input type="checkbox"/> Junior High | <input type="checkbox"/> High School | <input type="checkbox"/> GED |
| <input type="checkbox"/> Junior College | <input type="checkbox"/> College/University | <input type="checkbox"/> Graduate School | <input type="checkbox"/> Other |

Business/Organization Information

Organization/Business Entity Name: _____

Mailing Address: _____

City: _____ County: _____ State: _____ Zip: _____

Business/Organization Type:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Individual/Sole Proprietor | <input type="checkbox"/> Partnership | <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Non-profit |
| <input type="checkbox"/> Corporation – B Corp | <input type="checkbox"/> Corporation – C Corp | <input type="checkbox"/> Corporation – S Corp | <input type="checkbox"/> I do not know |
| <input type="checkbox"/> I have not yet filed business incorporation documents | <input type="checkbox"/> Other | | |

Select all that apply:

- ☐ My business is not filed with the Secretary of State's Office
- ☐ My business or non-profit is filed with the Secretary of State's Office
- ☐ My non-profit has received a 501(c)(3) determination letter from the IRS
- ☐ Other: _____

What is the **annual revenue** of your business/organization? _____

Please Describe:

- A. Service(s) your business or organization provides or will provide: _____
- B. The number of people you serve annually: _____
- C. What percentage of those served are low-income? _____
- D. Describe your organization's qualifications for "low-income" status? _____

Description of the Legal Assistance requested: _____

To the best of my knowledge, all of the information provided in this application is truthful and accurate.

Signature: _____ **Date:** _____

Important Note: We cannot guarantee that we will be able to find someone to take your case. Should any deadlines, court appearances or other obligations arise in your legal matter before your case has been assigned, it is your responsibility to handle them. *Failure to respond to a summons or appear in court could result in a default judgment being awarded to the opposing party!*

Incomplete paperwork will only cause delays. Please complete all sections of this application and sign where required. If you have questions about the application, please call the Director of Client and Community Outreach, (256) 539-2275, ext. 103.

Please fax, email, or mail the completed form to:
Madison County Volunteer Lawyers Program (MCVLP)
P.O. Box 2913, Huntsville, AL 35804
(256) 533-1262 (facsimile)
info@vlpmadisoncounty.com
Madison County Volunteer Lawyers Program is a 501(c)(3) Non-Profit Organization

Referral Authorization, Information Release, and Limited Scope Agreement

I, _____, authorize the Madison County Volunteer Lawyers Program (MCVLP) to try to refer my legal problem to a volunteer lawyer. I understand that the MCVLP cannot guarantee that it will be able to place my case with one of its volunteer lawyers. I further understand that it may take several weeks or more to find a volunteer lawyer to take my case. I understand that the volunteer lawyer may only be able to offer me counsel and advice, or assistance on a limited scope basis, and has the right to withdraw from representation. I also understand that the volunteer lawyer will decide whether to represent me after talking with me. If my case is assigned to a volunteer lawyer, the MCVLP cannot guarantee the outcome will be in my favor. As soon as I get a letter from the MCVLP making the volunteer lawyer referral, I agree to call the volunteer lawyer to make an appointment. I understand that if the volunteer lawyer agrees to represent me, I do not have to pay for the volunteer lawyer's services. I also understand and agree that I am responsible for paying all expenses, such as court costs or other fees, associated with my case. I give permission for the sharing of documents and information about me and my legal problem between private lawyers, Legal Services Alabama, Legal Services Corporation, and the MCVLP. If at any time the volunteer lawyer determines that my case is not appropriate for the program he/she may withdraw from the case and refer my case back to the MCVLP and my file will be closed. I agree not to, in any way, directly or indirectly, slander, libel, defame, harass, disparage, comment negatively, or otherwise injure the professional reputation of my volunteer lawyer or the MCVLP, regardless of the reason. I understand that I will be removed from the program for any such instance.

Statement of Facts/Release of Personal Information

Before MCVLP can refer your case to a volunteer lawyer, federal regulations indicate that you must sign a statement telling the facts supporting your claim. Your name may be provided to other parties involved. If the volunteer lawyer helps you to file suit, federal regulations also require your name, address, court, and court case number be filed. This information is open to the public on request. There are two exceptions: i) a court protects your name and address, or ii) doing so would put you at risk of physical harm. I agree to let MCVLP release the information described above. I also give the following statement of facts supporting my claim.

Please give a brief description of your legal matter. (If you need additional space, you may use the back of this form or write it on a separate sheet of paper.)

Name (please print): _____

Signature: _____

Date: _____

Citizenship Certification

I certify that I am a citizen of the United States.

Name (please print): _____

Signature: _____

Date: _____

Important Note: All forms must be signed and returned to the MCVLP before a volunteer lawyer can be assigned to your matter.