

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? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Mobile Phone #: _____	May we leave a message at this number? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Home Phone #: _____	May we leave a message at this number? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Street Address: _____			
City: _____	County: _____	State: _____	Zip: _____
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Common Law Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widow			
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other			
Race/Ethnicity:			
<input type="checkbox"/> Caucasian/White <input type="checkbox"/> African American & White <input type="checkbox"/> African American/Black <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Asian & White <input type="checkbox"/> American Indian & Black <input type="checkbox"/> American Indian & White <input type="checkbox"/> Hispanic <input type="checkbox"/> Other			
Are you a United States Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No If you are not a U.S. citizen, are you a legal (registered) resident? <input type="checkbox"/> Yes <input type="checkbox"/> No *Requires Non-Citizenship Eligibility Form			
Do you consider yourself Hispanic? <input type="checkbox"/> Yes <input type="checkbox"/> No			
How did you hear about MCVLP? (Please check all that apply):			
<input type="checkbox"/> Referred by Attorney <input type="checkbox"/> I was a previous client		<input type="checkbox"/> Referred by Court <input type="checkbox"/> Friend/Family Member	
<input type="checkbox"/> Referred by Client <input type="checkbox"/> Social Service Organization		<input type="checkbox"/> Internet <input type="checkbox"/> Other	
Living Arrangements (Please check all that apply):			
<input type="checkbox"/> Own/Mortgaged House <input type="checkbox"/> Own/financed Mobile Home/RV <input type="checkbox"/> Rented Mobile Home/RV <input type="checkbox"/> With Friend(s)		<input type="checkbox"/> Rented House <input type="checkbox"/> HUD/Public Housing <input type="checkbox"/> Section 8 Voucher <input type="checkbox"/> With Relative(s)	
<input type="checkbox"/> Apartment <input type="checkbox"/> FEMA Trailer <input type="checkbox"/> Military Base <input type="checkbox"/> Homeless		<input type="checkbox"/> Condo <input type="checkbox"/> Rented Room <input type="checkbox"/> Nursing Home <input type="checkbox"/> Rehab Facility <input type="checkbox"/> 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):

AFDC/TANF \$ _____
 Child Support \$ _____
 Other \$ _____
 Self-Employment \$ _____
 SS Survivor Benefits \$ _____
 Trust/ Interest/Dividends \$ _____
 Veteran's Benefits \$ _____

Alimony \$ _____
 Employment \$ _____
 Rental Income \$ _____
 SSD Disability \$ _____
 Spousal Support \$ _____
 Unemployed _____
 Worker's Comp. \$ _____

Army Reserve \$ _____
 Financial Aid \$ _____
 Pension \$ _____
 SSI \$ _____
 Tips \$ _____
 Unemployment 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):

Alimony \$ _____
 Childcare \$ _____
 Garnishment \$ _____
 Land Payment \$ _____
 Mortgage \$ _____
 Rent \$ _____
 Title Loan \$ _____

Car Insurance \$ _____
 Child support \$ _____
 Health Insurance \$ _____
 Medical \$ _____
 Nursing Home \$ _____
 Second Mortgage \$ _____
 Unpaid taxes \$ _____

Chapter 13 payment \$ _____
 Expenses to/from work \$ _____
 Home Insurance \$ _____
 Mobile Home Payment \$ _____
 Payday Loan \$ _____
 Student Loan Payment \$ _____
 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, [REDACTED], 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): [REDACTED]

Signature: [REDACTED]

Date: [REDACTED]

Citizenship Certification

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

Name (please print): [REDACTED]

Signature: [REDACTED]

Date: [REDACTED]

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