

REAL ESTATE & HOUSING LAW CLINIC APPLICATION
(All questions must be answered in full)

Do you require accommodations for any known disability? _____ If yes, please list (be specific as to extent of limitation and accommodation needed):

Date _____ Type of assistance _____

1. Your Full Name: _____

Social Security Number (Optional): _____ Date of Birth: _____

Age: _____ Sex: _____

2. Address: _____
 (Street Address) (City and State) (Zip Code)

3a. Telephone Number(s): (HOME) _____ (CELL) _____
 (Alternate numbers where you can always be reached) #1 _____ #2 _____
 (Work) _____

3b. E-mail address: _____

3c. Do you have computer access: Yes No

4. Are you a Student? Yes _____ No _____ If yes, please indicate the name of the school you are attending: _____ Enrollment Status: _____

5. Current Household:
 Single: ___ Married: ___ Separated: ___ Divorced: ___ Widowed: ___
 Intimate Partner: _____
 How many children do you support who are under 18? _____
 How many children live with you? _____ Do you have any other dependents? _____
 State the Name, Age and Relationship to you of the children and dependents:

NAME	AGE	RELATIONSHIP

6. What is your current Occupation? _____
 Are you employed? ___ Yes ___ No

(If yes, please complete the following **Employer Information**)
 Name of Employer: _____
 Address: _____
 (Box Number or Street Address) (City and State) (Zip Code)
 Telephone Number: _____ How long have you been employed? _____

(If you are not employed, please provide information of your **last employer**)
 Name of last employer: _____
 Address: _____
 (Box Number or Street Address) (City and State) (Zip Code)

How long have you been employed? _____
 What were your monthly wages? _____

7. Gross Income: (a) State your gross earned income from wages and how you are paid:
 Weekly? _____ Bi-Weekly? _____ Monthly? _____ Amount/month \$ _____

(a) Apart from income or support listed in response to question 8 below
 (b) What additional income do you receive on a monthly basis? \$ _____

(c) Monthly Deductions: Federal Income Tax: \$ _____ FICA: \$ _____ \$ _____

(d) Other Deductions: (explain) _____

TOTAL NET MONTHLY INCOME: (Add question 7 + 7b less 7c) \$ _____

8(a). If you are married and live with a spouse, please answer:

What is your Spouse Name: _____
 Is your spouse employed? _____ What is the occupation of your spouse? _____
 Is your spouse paid Weekly? _____ Bi-Weekly? _____ Monthly? _____
 Amount/month \$ _____
 Name of spouse's employer: _____
 Address: _____
 (Box Number or Street Address) (City and State) (Zip Code)
 Telephone Number: _____ How long has spouse been employed? _____

8(b). Do you or your spouse receive any of the following income or support?

____ Yes ____ No
If yes, state the monthly amount. SSI: \$ _____ Disability: \$ _____
 Worker's Comp: \$ _____ Unemployment Benefits \$ _____
 Food Stamps: \$ _____ TANF: \$ _____ Child Support \$ _____
 Spousal Support: \$ _____ Kinship Care Subsidy Grant: \$ _____
 Other: \$ _____

8(c). Marriage and Separation Data:

Date Married: _____
 (month) (day) (year)

City/Parish/State where Married: _____

Date Last Lived Together: _____

*If spouse is deceased, please list date of death _____

9. Do you own or have an interest in any of the following? (Including community property)

A.	VALUE	BALANCED OWED
House	\$ _____	\$ _____
Automobile	\$ _____	\$ _____
Truck	\$ _____	\$ _____
Watercraft	\$ _____	\$ _____
Livestock	\$ _____	\$ _____
Machinery	\$ _____	\$ _____
Stock	\$ _____	
Bonds	\$ _____	
Certificates of Deposit	\$ _____	
Other Immovable Property	Equity \$ _____	Debt \$ _____

Do You Have A Bank Account(s)? ____ Yes ____ No Amount in account(s):\$ _____
 Check _____ Savings _____ Name and Location of Bank: _____

TOTAL VALUE OF ASSETS \$ _____

B.i. List your Monthly Expenses:

Rent: \$	Cable: \$	Car Note: \$
Lot Rent: \$	Garbage: \$	Car Insurance: \$
House Note: \$	Medical Insurance: \$	Transportation: \$
House Insurance: \$	Medical Expenses: \$	Food: \$
Gas: \$	Dental Expenses: \$	Barber/Beauty: \$
Electricity: \$	Prescriptions: \$	Entertainment: \$
Water: \$	Life Insurance: \$	Grooming Supplies: \$
Telephone: \$	Daycare: \$	Garnishment: \$
Property Taxes: \$	Child Support: \$	Other: \$
Support for children other than those of this marriage:	\$	

Total Amount of section i: \$ _____

ii. Credit cards: (List type of card and monthly payment)

Card Name	Monthly Payment
	\$
	\$
	\$
	\$

Total Amount of section ii: \$ _____

iii. Financial Loans: (List the financial institution and your monthly payment)

Financial Name	Monthly Payment

Total Amount of section iii: \$ _____

Total Monthly Expenses: (Add 9B (i+ii+iii) = Total Monthly Expenses) \$ _____

10. Does anyone regularly help you pay your expenses? _____ Yes _____ No

(a) If yes, state the person's name and relationship to you.

Name: _____ Relationship: _____

(b) Do you have any additional income or assets that are not shown above?

_____ Yes _____ No - **If you answered yes to either (a) or (b), please explain:**

PLEASE GIVE A GENERAL EXPLANATION OF THE TYPE OF ASSISTANCE NEEDED AND WHY. (If additional space is needed, please write on back of application)

