

THE LEGAL AID BUREAU OF BUFFALO, INC. BANKRUPTCY INTAKE FORM

APPLICANT'S NAME *(please print)* _____

ADDRESS _____ CITY & STATE _____ ZIP CODE _____

PHONE NUMBER _____ REFERRED BY _____

AGE _____ DATE OF BIRTH ____/____/____ SS # ____/____/____ CITIZENSHIP _____

VETERAN (CIRCLE ONE): YES NO

SPOUSE'S NAME _____ AGE _____ DATE OF BIRTH _____

SINGLE _____ MARRIED _____ SEPARATED _____ DIVORCED _____ WIDOWED _____

NUMBER OF CHILDREN IN HOUSEHOLD _____ AGES _____

TOTAL HOUSEHOLD MEMBERS *(Include Yourself)* [_____]

HOUSEHOLD INCOME SOURCE(S):

Employer/Income Source

YOUR INCOME _____ \$ _____ Per _____

SPOUSE INCOME _____ \$ _____ Per _____

OTHER INCOME _____ \$ _____ Per _____

TOTAL YEARLY HOUSEHOLD INCOME [_____]

INFORMATION REGARDING THE NATURE OF YOUR PROBLEM:

Bankruptcy Consultation.

Signature

Date

INSTRUCTIONS

Failure to fully complete the Questionnaire will result in a delay in processing.

Please return the completed intake to our office. This can be done by mail, fax or hand delivery to the following address:

Legal Aid Bureau of Buffalo, Inc.
290 Main St., Ste. 400
Buffalo, NY 14202
Attn.: INTAKE
Fax: (716) 853-3219