HOUSING INTAKE FORMS

READ & ANSWER ALL QUESTIONS ON ALL THREE (3) FORMS. REVIEW AND SIGN ALL THREE (3) FORMS. RETURN COMPLETED FORMS ALONG WITH PROOF OF INCOME & ANY OTHER DOCUMENTS RELATED TO YOUR PROBLEM BY:

EMAIL: DOROTHY ADAMS @ dadams@legalaidbuffalo.org

OR

FAX: ATTENTION: HOUSING UNIT @ (716) 853-3219

OR

MAIL: ATTENTION: HOUSING UNIT, LEGAL AID BUREAU OF BUFFALO, INC., 290 MAIN STREET, SUITE 400, BUFFALO, NY 14202

OR

HAND DELIVER: 290 MAIN ST, 4TH FLOOR, BUFFALO, NY 14202

FEEL FREE TO CONTACT ME AT (716) 853-9555 EXT. 453 OR BY EMAIL IF YOU HAVE ANY QUESTIONS.

THANK YOU!

DOROTHY ADAMS
PARALEGAL
THE LEGAL AID BUREAU OF BUFFALO, INC. - HOUSING UNIT

NAME: ___________________________ SOC. SECURITY #:

EMAIL ADDRESS: ___________________________

ADDRESS: ___________________________ ZIP CODE: ___________

PHONE NO. (____): _______________ AGE: ___ BIRTH DATE: ___________ US CITIZEN: [ ]Yes [ ]No

MARITAL STATUS: [ ] Married ____________ DOB: ____________ [ ]Separated [ ]Divorced [ ]Single [ ]Widow

HOUSEHOLD MEMBERS: Children 18 & Under _______ Adults _______ (Include Yourself) = [ ________ ] TOTAL

REFERRED TO LEGAL AID BUREAU BY: __________________________________________

ARE YOU A VETERAN? [ ]Yes [ ]No ............ IS A MEMBER OF YOUR HOUSEHOLD A VETERAN [ ]Yes [ ]No

ARE YOU DISABLED? [ ]Yes [ ]No TYPE OF DISABILITY ___________________________

HOUSEHOLD INCOME (Employer's Name/ Unemployment/ Social Security/Pension/Welfare/ SSI/ SSD)

YOUR INCOME SOURCE: ___________________________ $ __________ Per _________

OTHER INCOME: ___________________________ $ __________ Per _________

SPOUSE’S INCOME: ___________________________ $ __________ Per _________

NATURE OF YOUR PROBLEM: [ ] LANDLORD/ TENANT [ ] ORDNANCE VIOLATIONS
[ ] FORECLOSURE [ ] SHUTOFF [ ] OTHER

REGARDING PROPERTY ADDRESS: ___________________________ ZIP CODE: ___________

MOVED INTO ABOVE ADDRESS: ___________ MONTHLY RENT: $ __________ MOVED OUT: ___________

[ ] LEASE EXPIRES ___________ [ ] MONTH-TO-MONTH [ ] RENT SUBSIDIZED (Section 8, Belmont, DHCR, Other)

OPPOSING PARTY'S NAME: ___________________________ PHONE NO. (____) ___________

OPPOSING PARTY'S ADDRESS: ___________________________ ZIP CODE: ___________

SIGNATURE ___________________________ DATE ___________________________
Address: ___________________________  City: ___________________________  Zip: ___________________________

1. Household Income: Please check one from the below based on your income and the number of members living in your household.

<table>
<thead>
<tr>
<th>Income Limits</th>
<th>1 Person Household</th>
<th>2 Person Household</th>
<th>3 Person Household</th>
<th>4 Person Household</th>
</tr>
</thead>
<tbody>
<tr>
<td>30% median (XL)</td>
<td>$16,600 or less</td>
<td>$18,950 or less</td>
<td>$21,300 or less</td>
<td>$23,650 or less</td>
</tr>
<tr>
<td>50% median (VL)</td>
<td>$27,650 or less</td>
<td>$31,600 or less</td>
<td>$35,550 or less</td>
<td>$39,450 or less</td>
</tr>
<tr>
<td>80% median (UL)</td>
<td>$44,200 or less</td>
<td>$50,500 or less</td>
<td>$56,800 or less</td>
<td>$63,100 or less</td>
</tr>
<tr>
<td>81-100% median</td>
<td>$44,201 or more</td>
<td>$50,501 or more</td>
<td>$56,801 or more</td>
<td>$63,101 or more</td>
</tr>
</tbody>
</table>

2. Individual Age: Please check one from the below based on your (or the participant’s) age.
- Under 5 years
- 5-9 years
- 10-15 years
- 16-20 years
- 21-24 years
- 25-44 years
- 45-54 years
- 55-61 years
- 62 and older

3. Gender: Please check one from the below based on the individual’s gender
- Male
- Female
- Other:

4. Are you of Hispanic ethnicity? Ethnicity and Race are different, please answer #5 as well:
- Yes
- No

5. Please check one race from the below chart
- White
- Black or African American
- Asian
- American Indian or Alaskan Native and White
- American Indian or Alaskan Native and Black or African American
- Native Hawaiian or other Pacific Islander and White
- Native Hawaiian or other Pacific Islander and Black or African American
- Black or African American and White
- Other Multi Racial
- Asian and Black or African American
- Asian and White

6. Do you (or the participant) have a severe disability?
- Yes
- No

7. Are one or both of your parents currently incarcerated?
- Yes
- No

8. Who do you (or the participant) live with?
- Both Parents
- Mother Only
- Father Only
- Self
- Student
- Other:

Certification (If participant is a youth, this form may be signed by a parent or guardian): I acknowledge that this information as submitted above has been examined by me and is true and correct.

Name or Initials: ___________________________  Date: ___________________________

Signature: ___________________________

THIS FORM MUST BE COMPLETED BY EACH PARTICIPANT AND A PERMANENT FILE MUST BE KEPT FOR 7 YEARS FOR GOVERNMENT VERIFICATION. STAFF MUST VERIFY FORM IS COMPLETE IN ORDER TO BE COUNTED IN THE MONTHLY AND Caper REPORTS
STATEMENT OF CLIENT'S RIGHTS AND RESPONSIBILITIES

Your attorney is providing you with this document to inform you of what you, as a client, are entitled to by law or by custom. To help prevent any misunderstanding between you and your attorney, please read this document carefully.

If you ever have any questions about these rights, or about the way your case is being handled, do not hesitate to ask your attorney. He or she should be readily available to represent your best interests and keep you informed about your case.

An attorney may not refuse to represent you on the basis of race, creed, color, sex, sexual orientation, age, national origin or disability.

You are entitled to an attorney who will be capable of handling your case; show you courtesy and consideration at all times; represent you zealously; and preserve your confidences and secrets that are revealed in the course of the relationship.

You are expected to be truthful in all discussions with your attorney, and to provide all relevant information and documentation to enable him or her to competently prepare your case.

You are entitled to be kept informed of the status of your case, and to be provided with copies of correspondence and documents prepared on your behalf or received from the court or your adversary.

You have the right to be present in court at the time that conferences are held.

You are entitled to make the ultimate decision on the objectives to be pursued in your case, and to make the final decision regarding the settlement of your case.

You are entitled to have your attorney’s best efforts exerted on your behalf, but no particular results can be guaranteed.

If you entrust money with an attorney for an escrow deposit in your case, the attorney must safeguard the escrow in a special bank account. You are entitled to a written escrow agreement, a written receipt, and a complete record concerning the escrow. When the terms of the escrow agreement have been performed, the attorney must promptly make payment of the escrow to all persons who are entitled to it.

Receipt Acknowledged:

Client’s Signature ______________________ Attorney’s Signature ______________________

Date: ______________________