

# HOUSING INTAKE FORMS

READ AND ANSWER ALL QUESTIONS ON ALL THREE (3) FORMS.  
REVIEW AND SIGN ALL THREE (3) FORMS.

RETURN COMPLETED FORMS ALONG WITH PROOF OF INCOME AND  
ANY OTHER DOCUMENTS RELATED TO YOUR PROBLEM BY:

**EMAIL:** [cls@legalaidbuffalo.org](mailto:cls@legalaidbuffalo.org)

OR

**FAX:** 716-853-3219

OR

**MAIL:** ATTENTION: HOUSING UNIT, LEGAL AID BUREAU OF  
BUFFALO, INC., 290 MAIN STREET, SUITE 150R, BUFFALO, NY 14202

OR

**HAND DELIVER:** 290 MAIN STREET, 1<sup>ST</sup> FLOOR, BUFFALO NY 14202

PLEASE CALL OUR OFFICE AT (716) 853-9555

Ext. 453

OR EMAIL [cls@legalaidbuffalo.org](mailto:cls@legalaidbuffalo.org) IF YOU HAVE ANY QUESTIONS.

THANK YOU!

# THE LEGAL AID BUREAU OF BUFFALO, INC. - HOUSING UNIT

PLEASE ANSWER ALL QUESTIONS TO THE BEST OF YOUR ABILITY.

NAME: \_\_\_\_\_ SOC. SECURITY #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE #: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

AGE: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_ US CITIZEN: [ ] Yes [ ] No

MARITAL STATUS: \_\_\_\_\_ IF MARRIED, Spouse's Name & DOB: \_\_\_\_\_

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 A VICTIM OF DOMESTIC VIOLENCE? [ ] Yes [ ] No ARE YOU DISABLED? [ ] Yes [ ] No

**DID YOU APPLY FOR ANY OF THE FOLLOWING FUNDING PROGRAMS?**

E.R.A.P.: [ ] Yes [ ] No IF YES, Date of first application: \_\_\_\_\_

STAND UP BUFFALO: [ ] Yes [ ] No IF YES, Date of first application: \_\_\_\_\_

OTHER: \_\_\_\_\_ Date of first application: \_\_\_\_\_

**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 [ ] ORDINANCE 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)

DO YOU HAVE A FUTURE COURT APPEARANCE? (Please provide our office with copies of all court documents.)

[ ] YES [ ] NO IF YES, DATE: \_\_\_\_\_ WILL THIS BE YOUR FIRST APPEARANCE? [ ] YES [ ] NO

OPPOSING PARTY'S NAME: \_\_\_\_\_ PHONE NO. (\_\_\_\_\_) \_\_\_\_\_

OPPOSING PARTY'S ADDRESS: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

Agency: \_\_\_\_\_  
Activity: \_\_\_\_\_

**CLIENT CHARACTERISTIC FORM - CDBG 49**  
Public Services - Limited Clientele Activities

Staff Reviewed Initial \_\_\_\_\_  
Issue Date: 10/1/23

PARTICIPANTS MUST FILL AND COMPLETE ENTIRE FORM FOR ELIGIBILITY. THIS INFORMATION IS FOR RECORD KEEPING ONLY AND WILL NOT BE PUBLICLY SHARED.

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

1. Individual Age: Please check **one** from the below based on your (the participant) age.

<input type="radio"/> Under 5 years	<input type="radio"/> 10-15 years	<input type="radio"/> 21-24 years	<input type="radio"/> 45-54 years	<input type="radio"/> 62 years and older
<input type="radio"/> 5-9 years	<input type="radio"/> 16-20 years	<input type="radio"/> 25-44 years	<input type="radio"/> 55-61 years	

2. Gender: Please check **one** from the below based on your (the participant) gender.

<input type="radio"/> Male	<input type="radio"/> Female	<input type="radio"/> Other: _____
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3. Please check **one** from the below for your (the participant) ethnicity. Ethnicity and Race are separate, please answer #4 as well.

<input type="radio"/> Hispanic	<input type="radio"/> Non-Hispanic
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4. Please check **one** from the below which best describes your (the participant) race.

<input type="radio"/> White	<input type="radio"/> Asian and Black or African American
<input type="radio"/> Black or African American	<input type="radio"/> American Indian or Alaskan Native and White
<input type="radio"/> Asian	<input type="radio"/> American Indian or Alaskan Native and Black or African American
<input type="radio"/> American Indian or Alaskan Native	<input type="radio"/> Native Hawaiian or other Pacific Islander and White
<input type="radio"/> Native Hawaiian or other Pacific Islander	<input type="radio"/> Native Hawaiian or other Pacific Islander and Black or African American
<input type="radio"/> Black or African American and White	<input type="radio"/> Other/Multi Racial
<input type="radio"/> Asian and White	

5. Is your (the participant) family type defined as an **adult female head of household** (no male significant other with dependents)?

<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not Applicable
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6. Are you (the participant) severely disabled?

<input type="radio"/> Yes	<input type="radio"/> No
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7. Household Income: Please check **one** from the below based on your income and the number of members living in your household. **You may skip this section if you are over the age of 62, severely disabled or meet any other criteria for Presumed Benefit.**

Income Limits	1 Person Household	2 Person Household	3 Person Household	4 Person Household
30% median (XL)	<input type="radio"/> \$19,500 or less	<input type="radio"/> \$22,300 or less	<input type="radio"/> \$25,100 or less	<input type="radio"/> \$27,850 or less
50% median (VL)	<input type="radio"/> \$32,500 or less	<input type="radio"/> \$37,150 or less	<input type="radio"/> \$41,800 or less	<input type="radio"/> \$46,400 or less
80% median (LI)	<input type="radio"/> \$52,000 or less	<input type="radio"/> \$59,400 or less	<input type="radio"/> \$66,850 or less	<input type="radio"/> \$74,250 or less
81-100% median	<input type="radio"/> \$54,400 or more	<input type="radio"/> \$62,100 or more	<input type="radio"/> \$69,900 or more	<input type="radio"/> \$77,600 or more
Income Limits	5 Person Household	6 Person Household	7 Person Household	8 Person Household
30% median (XL)	<input type="radio"/> \$30,100 or less	<input type="radio"/> \$32,350 or less	<input type="radio"/> \$34,550 or less	<input type="radio"/> \$36,800 or less
50% median (VL)	<input type="radio"/> \$50,150 or less	<input type="radio"/> \$53,850 or less	<input type="radio"/> \$57,500 or less	<input type="radio"/> \$61,250 or less
80% median (LI)	<input type="radio"/> \$80,200 or less	<input type="radio"/> \$86,150 or less	<input type="radio"/> \$92,100 or less	<input type="radio"/> \$98,050 or less
81-100% median	<input type="radio"/> \$83,900 or more	<input type="radio"/> \$90,100 or more	<input type="radio"/> \$96,300 or more	<input type="radio"/> \$102,500 or more

**Certification** (If participant is under the age of 18, this form must be completed and signed by a parent or guardian): *I acknowledge that this information as submitted above has been examined by myself and is true and correct.*

Name: \_\_\_\_\_

Participant Name (if applicable): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# HOW ELSE CAN WE HELP YOU?

The Legal Aid Bureau of Buffalo, Inc. provides free Civil Legal Services

### Financial Issues

- I am a victim of identity theft
- I want to request my credit reports
- I am unable to pay my bills
- I have a lot of debt
- I would like help with my benefits

### Family

- I am married and would like a divorce
- Other family matters
- I would like to change my name/child's name
- I cannot afford my child support\*
- My license has been suspended because I owe arrears (back pay)
- I think I have child support orders but am not sure

\* Child support orders must be paid. An attorney can determine whether you can petition for lower payments.

### Estate Planning

- I would like a healthcare proxy & living will
- I would like to know if I need a Will

Other: \_\_\_\_\_

### Renters/Homeowners

- I am being evicted
- My rent is behind
- I rent and I think my apartment is unsafe and/or needs repairs
- My house is facing foreclosure
- My mortgage is behind
- I am homeless

### Barriers to Employment

- I have criminal convictions that prevent me from being hired
- I would like to know if my records can be sealed
- I cannot find a job

### School Aged Children

- My child's school needs are not being met
- Home schooling and remote learning rights
- My child needs an IEP

NAME: \_\_\_\_\_ TELEPHONE NO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

NOTES/DETAILS ABOUT YOUR LEGAL ISSUE (use back of this form for additional space): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Return this form to us and we will call you.**

**ATTORNEY/STAFF USE ONLY:**

Applicant was called on: \_\_\_\_\_ Appointment scheduled for: \_\_\_\_\_