

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

*****FIELDS WITH AN ASTERISK MUST BE COMPLETED IN ORDER TO PROCESS YOUR APPLICATION*****

***LEGAL NAME:** _____

PREFERRED NAME: _____ **PRONOUNS:** _____

***ADDRESS:** _____ ***APT.** _____ ***CITY:** _____ ***ZIP CODE:** _____

***PHONE NO.:** _____ ***EMAIL ADDRESS:** _____

***SSN:** _____ ***DOB:** _____ ***US CITIZEN:** ☐ YES ☐ NO IF NO, Country of Origin: _____

***MARITAL STATUS:** _____ IF MARRIED, Spouse's Name & DOB: _____

***NUMBER OF HOUSEHOLD MEMBERS:** *Adults _____ (Include Yourself) *Children 18 & Under _____ = ***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

HAVE YOU APPLIED FOR FINANCIAL ASSISTANCE? ☐ YES ☐ NO

IF YES, Source: _____ Date of first application: _____

DO YOU RECEIVE FINANCIAL ASSISTANCE FROM FRIENDS AND/OR FAMILY? ☐ YES ☐ NO

IF YES, Amount: \$ _____ Frequency: _____

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

***YOUR INCOME SOURCE:** _____ ***\$** _____ ***Per** ☐ Week ☐ Bi-Week ☐ Month ☐ Year

OTHER INCOME: _____ \$ _____ Per ☐ Week ☐ Bi-Week ☐ Month ☐ Year

SPOUSE'S INCOME: _____ \$ _____ Per ☐ Week ☐ Bi-Week ☐ Month ☐ Year

***NATURE OF YOUR PROBLEM:**

☐ EVICTION, NON-PAYMENT ☐ EVICTION, HOLDOVER ☐ HABITABILITY CONCERNS

☐ OTHER: _____

***REGARDING PROPERTY ADDRESS:** _____ **ZIP CODE:** _____

MOVED INTO ABOVE ADDRESS: _____ **MONTHLY RENT: \$** _____ **MOVED OUT:** _____

☐ LEASE EXPIRES _____ ☐ MONTH-TO-MONTH ☐ SUBSIDIZED RENT (Section 8, Belmont, DHCR, Other)

***DO YOU HAVE A FUTURE COURT APPEARANCE?** ☐ YES ☐ NO (Please provide our office with copies of all court documents.)

IF YES, DATE: _____ **WILL THIS BE YOUR FIRST APPEARANCE?** ☐ YES ☐ NO

***LANDLORD/MANAGEMENT COMPANY:** _____ **PHONE NO.:** _____

LANDLORD/MANAGEMENT COMPANY ADDRESS: _____ **ZIP CODE:** _____

SIGNATURE

DATE

Agency: LABB
Activity: LL/T

CLIENT CHARACTERISTIC FORM - CDBG 50
Public Services - Limited Clientele Activities

Staff Reviewed Initial _____
Issue Date: 10/1/24

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"/> \$20,350 or less	<input type="radio"/> \$23,250 or less	<input type="radio"/> \$26,150 or less	<input type="radio"/> \$29,050 or less
50% median (VL)	<input type="radio"/> \$33,950 or less	<input type="radio"/> \$38,800 or less	<input type="radio"/> \$43,650 or less	<input type="radio"/> \$48,450 or less
80% median (LI)	<input type="radio"/> \$54,250 or less	<input type="radio"/> \$62,000 or less	<input type="radio"/> \$69,750 or less	<input type="radio"/> \$77,500 or less
81%+ median	<input type="radio"/> \$54,251 or more	<input type="radio"/> \$62,001 or more	<input type="radio"/> \$69,751 or more	<input type="radio"/> \$77,501 or more
Income Limits	5 Person Household	6 Person Household	7 Person Household	8 Person Household
30% median (XL)	<input type="radio"/> \$31,400 or less	<input type="radio"/> \$33,700 or less	<input type="radio"/> \$36,050 or less	<input type="radio"/> \$38,350 or less
50% median (VL)	<input type="radio"/> \$52,350 or less	<input type="radio"/> \$56,250 or less	<input type="radio"/> \$60,100 or less	<input type="radio"/> \$64,000 or less
80% median (LI)	<input type="radio"/> \$83,700 or less	<input type="radio"/> \$89,900 or less	<input type="radio"/> \$96,100 or less	<input type="radio"/> \$102,300 or less
81%+ median	<input type="radio"/> \$83,701 or more	<input type="radio"/> \$89,901 or more	<input type="radio"/> \$96,101 or more	<input type="radio"/> \$102,301 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: _____

**THE LEGAL AID BUREAU OF BUFFALO, INC.
CLIENT AGREEMENT**

The Legal Aid Bureau of Buffalo, Inc. (hereafter LAB) and _____
(hereafter Client) hereby agree that LAB will provide only the following services: legal representation in an eviction proceeding

RESPONSIBILITIES OF CLIENT:

1. To tell LAB all the facts about your case as honestly and completely as possible.
2. To advise LAB of any changes pertinent to your case or any changes pertaining to your eligibility for services, such as income, resources, living arrangements, address, phone number, etc.
3. To pay an initial sum of \$ \$0.00 plus any additional amounts as incurred toward the costs necessary to defend or prosecute your case (such as copying costs, transcripts, service fees, subpoena costs, and court costs). Those funds which have not been expended at the conclusion of your case or at a time you abandon the case or decide you no longer want LAB to represent you, will be refunded to you.
4. To call to schedule an appointment to meet with your lawyer.

RIGHTS OF CLIENT:

1. To receive legal services without paying for a lawyer.
2. To have your complaint reviewed by LAB's management if you are dissatisfied with the service provided to you or the manner in which it was provided, however, you must make your complaint to the Executive Attorney in writing.
3. To decide at any time that you do not wish LAB to continue to represent you.

RESPONSIBILITIES OF LAB:

1. To represent you to the best of its abilities and to abide by all professional standards of competence and responsibility. (However, LAB cannot guarantee the outcome of its representation).
2. To keep you informed in a timely manner of the legal developments in your case.
3. To identify your legal options, explain the risks and consequences of each, and include you in a decision of how to proceed with your case, including obtaining your acceptance or rejection of any settlement that may be offered.

RIGHTS OF LAB:

1. To choose the attorney or paralegal to work on your case and to change the person on your case at any time.
2. In consultation with you, to determine the appropriate legal steps to represent you.
3. To seek and retain attorney fees and statutory costs from the opposing party, providing your legal rights are not prejudiced by same.
4. To withdraw as your attorney if your income or resources become higher than LAB's eligibility guidelines, if irreconcilable differences occur between you and the staff assigned to your case as to how your representation should proceed, or if you fail to maintain contact with LAB by refusing to communicate or by changing your address without notifying LAB. (If this becomes necessary, LAB will only withdraw pursuant to the provisions of the Code of Professional Responsibility and applicable State law).
5. If you have retained us on an Unemployment case we reserve the right to withdraw as counsel at LAB attorneys' discretion if, upon review of your Department of Labor file or Unemployment file, we determine you have no defense or claim.
6. If you wish to appeal, LAB reserves the right to decide whether to represent you on appeal, after considering the likelihood of success on the appeal and the ability of LAB to complete the appeal.
7. To represent you only after the agreement is signed by both parties, and initial deposit is paid.

DATE: _____

RECEIPT ACKNOWLEDGED:

THE LEGAL AID BUREAU OF BUFFALO, INC.

CLIENT: _____

BY: _____



HOW ELSE CAN WE HELP YOU?

The Legal Aid Bureau of Buffalo, Inc. provides free Civil Legal Services
You can APPLY ONLINE at www.legalaidbuffalo.org – Get Help Now !

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: _____