

LEGAL ASSISTANCE OF OLMSTED COUNTY (LAOC)

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ELIGIBILITY QUESTIONNAIRE (TENANT'S RIGHTS CLINIC)

Dear Applicant:

Thank you for your interest in Legal Assistance of Olmsted County (LAOC). LAOC represents eligible low-income residents of Olmsted County with various issues, including family law and landlord-tenant issues.

In order to help you, we do need some basic information about your situation. Please fill out the following questionnaire and submit it to our office with **all necessary paper work** attached, (**which includes the two most recent paycheck stubs for all members of the household over the age of 18 and a copy of your current lease, if applicable.**) All information you provide on this form is strictly confidential and no one outside this office will have access to it without your written permission.

If you are eligible for services, we have a tenant's rights clinic normally every **Friday from 9:30-11:30 a.m.** You may wish to verify that a clinic will be held on the Friday you wish to attend, as our attorneys are not always available to meet during this time. ****Certain cases, if eligible, may warrant scheduling a consult appointment outside of our clinic hours to meet with an attorney.****

If any of the information that you have listed on the questionnaire changes prior to your first appointment, please call LAOC with this information. If you have any questions, please contact LAOC at 287-2036.

At your request, we will not write to you and/or telephone you. Please notify intake staff if you do not wish to be directly contacted by our office.

Thank you.

*****ATTENTION: If your current issue involves Section 8 or any housing assistance related matters, you may wish to inform the front desk of this, as your matter may need to be referred to Southern Minnesota Regional Legal Services (SMRLS) for intake.**

TENANT GENERAL INFORMATION

1. Full Name _____ Former/Maiden _____
 First Middle Last

Date of Birth _____ Age _____ Gender _____ Social Security # _____

Street Address _____ Apt/Lot# _____

City _____ State _____ Zip _____

Telephone: Home _____ Work _____ Cell _____

May we leave a message? Yes ___ No ___ If yes, with whom? _____

E-Mail Address _____

2. Are you receiving disability benefits? Yes ___ No ___

3. Are you a Veteran? Yes ___ No ___

4. Employment Status (circle): Minor Part-Time Full-Time Retired Unemployed

5. Ethnicity: (circle) African Am. Native Am. Asian White Hispanic Pacific Is. Other

6. Are you a U.S. citizen? Yes ___ No ___ If no, please explain.: _____

7. Is English your primary language? Yes ___ No ___
If no, what is your primary language? _____ Do you need an interpreter? Yes ___ No ___

8. How long have you lived in Olmsted County? _____
If less than six months, where did you live before? _____

9. Are you a victim of domestic violence in this matter? Yes _____ No _____

WHAT DO YOU NEED HELP WITH?

10. Do you want to stay where you are living? Yes _____ No _____

11. Do you want time to find another place to live? Yes _____ No _____

12. Do you want the landlord to make repairs? Yes _____ No _____

13. **Briefly explain your legal matter?**

INFORMATION ON DISPUTE

14. Address (if different) _____ Apt/Lot# _____
Type of place? Please **circle** one:
Apartment House Mobile Home Boarding House/Motel Other: _____
Number of rental units in building? _____ How many people live with you? _____
15. Management Company/Apartment Complex _____
Manager Name _____ Landlord's Phone _____
Landlord's Address _____
Does the landlord own/ manage (*circle*) the property? Yes _____ No _____
16. When did you move in? _____ When did you move out? _____
Did you sign a lease? Yes _____ No _____ If yes, length of the lease? _____
Do you have a copy of the lease? Yes ___ No ___ (***If yes, bring in copies of your papers.***)
17. How much is your rent? _____ When is it due? _____
18. Has all rent been paid? Yes _____ No _____
If no, when did you not pay the rent or pay less than the full amount? _____
How much back-rent is owed? _____
19. How much was your security deposit? _____ When did you pay it? _____
Has the security deposit been applied to the rent? Yes ___ No ___ If yes, when? _____
20. Have you received an eviction notice from your landlord? Yes ___ No ___ Date: _____
Have you received any court papers for eviction? Yes _____ No _____
If yes, attach copies of your papers.

INFORMATION ABOUT YOUR CHILDREN

(If you do not have children, skip to #24.)

21. Do you have children? Yes _____ No _____ If yes, how many? _____
22. Who do your children live with? (Name and relationship) _____
23. Do you regularly receive/pay child support for the children? Yes _____ No _____ N/A _____
Has the court issued a child support order? Yes _____ No _____ Don't Know _____
Amount of child support you receive/pay? _____ How often? _____
Amount of back child support owed to/by you, if any? _____
When was the last time you received/paid child support? _____
Is support withheld by Automatic Income Withholding? Yes _____ No _____
What is your 10-digit Minnesota Child Support Number? _____

PREVIOUS REPRESENTATION

24. Have you ever applied for services or been represented by this office? Yes _____ No _____
 If yes, name of opposing party in that case? _____
 (Type of case?) _____
25. Has anyone in your family ever been represented by this office? Yes _____ No _____
 If yes, name of opposing party in that case? _____
 (Type of case?) _____
26. Has the opposing party ever been represented by our office? Yes _____ No _____
 If yes, name of opposing party in that case? _____
 (Type of case?) _____

FINANCIAL INFORMATION

YOU MUST PROVIDE A PHOTOCOPY OF YOUR TWO MOST RECENT CHECK STUBS, RECENT TAX RETURN (IF SELF-EMPLOYED), OR VERIFICATION OF GOVERNMENT BENEFITS. IF YOU ARE LIVING WITH A SIGNIFICANT OTHER, YOU MUST PROVIDE INCOME VERIFICATION FOR THAT PERSON. IF ANY PERSON IN YOUR HOUSEHOLD RECEIVES SSI OR SSDI, YOU MUST PROVIDE A COPY OF THE LETTER INDICATING THE AMOUNT OF MONTHLY BENEFITS. FAILURE TO PROVIDE THIS INFORMATION WILL MAKE YOU INELIGIBLE FOR SERVICES THROUGH LAOC.

27. Are you receiving government assistance? Yes _____ No _____
 If yes, please **circle** type: MA/MN Care MFIPS/AFDC Unemployment GA
 SS SSI Worker's Comp Other: _____
 Amount of aid received monthly _____ Food Stamps _____
28. Are you employed? Yes _____ No _____ Where _____
 Gross monthly income (before taxes/deductions) _____
 If you state you are unemployed, why are you unemployed? _____
 If self-employed, how much are your monthly self-employment expenses? _____
29. Do you receive any additional income from any other source? Yes _____ No _____
 If yes, please **circle** source:
 alimony financial aid dividends interest royalties other (_____) _____
 How much? _____ How often? _____
30. If married or living with a significant other, is he/she employed? Yes _____ No _____
 If yes, where? _____
 Gross monthly income (before taxes/deduction)? _____

31. Are you a student? Yes _____ No _____

If yes, how are you financing your education? **(Please list the amounts)**

Loan: _____ Scholarship: _____ Grants: _____ Other: _____

32. If you have no monthly income, explain how you pay your monthly bills?

33. Please list all automobiles, trucks, recreational vehicles

Year/Make/Model _____ Value _____ Amount Owed _____

Year/Make/Model _____ Value _____ Amount Owed _____

34. Do you have a checking account? Yes___ No___ If yes, what is the balance? _____

Do you have a savings account? Yes___ No___ If yes, what is the balance? _____

Do you have any certificates of deposit, stocks, bonds, 401K, 402B, retirement accounts, life insurance (cash value) or other assets? Yes_____ No_____

If yes, list item and its value? _____

35. List all people living with you in your home.

NAME DATE OF BIRTH AGE RELATIONSHIP GROSS MONTHLY INCOME
(Please Attach Verification)

36. How were you referred to LAOC? Please **circle** source:

Friend Phone Book Social Services Internet Other: _____

37. I certify that the information that I have listed is correct to the best of my knowledge, and I agree that if I have provided false or misleading information LAOC may discontinue its representation of me at any time during my case.

Signature _____ **Date** _____

****IF LAOC DISCOVERS THAT YOU HAVE PROVIDED FALSE OR MISLEADING INFORMATION IN THIS QUESTIONNAIRE, WE MAY DECIDE NOT TO REPRESENT YOU IN THIS OR OTHER MATTERS.****