

Legal Assistance to Microenterprises Project (LAMP)

(a project of Texas RioGrande Legal Aid and Texas C-BAR)

MICROBUSINESS APPLICATION FOR LEGAL SERVICES

LAMP requires the following information from its prospective clients. All information will remain confidential. Please print and fill out the form as completely as possible. **We cannot consider your application unless you provide ALL information requested.**

Completing an application does not automatically qualify your business for legal assistance. LAMP retains complete discretion as to which applicants it accepts. **LAMP does not take cases for litigation.** Please keep a copy of this application for your files.

I. INDIVIDUAL INFORMATION (Complete this section separately for **each** individual business owner. Attach additional sheets if necessary):

Name: _____ Date of Birth: _____
(First) (Middle) (Last)

Social Security Number: _____

Are you a U.S. Citizen? Y / N Are you a legal permanent resident? Y/N

Home Address: _____
(Street Address – No P.O. Boxes Please)

(City) (State) (Zip Code)

Home Phone () _____ Pager () _____ Cell () _____

Mailing Address (if different) _____
(Street Address)

(City) (State) (Zip Code)

Ethnicity (circle one): African American Caucasian Latino Asian/Pacific Islander Native American Other

Marital Status (circle one): Single Married Separated Divorced Widowed Other:

Gender: ___ Male ___ Female Head of Household? Yes No Disabled? Yes No

Veteran? Yes No Have you ever been a farmworker? Yes No A farm labor contractor? Yes No

Number of Household Members: Adults ___ Children ___ Household Gross Income \$ _____/month or year

Source(s) of Income: Work (other than from Business described in II) Income from Business described in II
Unemployment Benefits Public Assistance Other _____

Assets: Cash \$ _____ Bank Accounts \$ _____ Other \$ _____

III. LEGAL SERVICES REQUESTED

In the space below, please describe (with as much detail as possible) the type of legal assistance you are seeking. For example, if you are asking for help with review of a contract or lease, please describe the type of contract or lease you need assistance with and attach a copy of the draft contract or lease. If you require legal assistance because you are in a legal dispute with another person or business, please provide as much information as possible about the person or business with who you have the dispute. **We cannot accept your application if this section is not completed.** Please attach additional sheets of paper if necessary and supporting documents, if applicable.

How did you hear about our services?

Agency: _____ Friend: _____ Former Client: _____

Attorney: _____ TV/Radio/Newspaper: _____ Other: _____

LEGAL ASSISTANCE TO MICROENTERPRISES PROJECT

4920 N. IH-35

Austin, Texas 78751

Telephone (512) 374-2700

FAX (512) 447-3940 TDD (512) 417-8682

TOLL FREE 1-800-369-9270 or 1-888-988-9996

Each business owner listed above hereby certifies that the above information is true and correct. (Please include a signature for each owner of the business.)

Signature: _____

Date: _____