

**SNOHOMISH COUNTY LEGAL SERVICES HJP INTAKE**

**\*\*Filling out this application does not guarantee services\*\***

**First Name:** \_\_\_\_\_

**PEOPLE AGES 18+ WHO LIVE WITH YOU (name & relationship, i.e. roommate, spouse, partner, adult child, mom, dad, etc.)**

**Last Name:** \_\_\_\_\_

**NAME(s): Relationship: D.O.B.**

**BIRTHDAY:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
(MONTH/DAY/YEAR)

**Preferred Pronouns:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Mailing Address:**  
\_\_\_\_\_  
\_\_\_\_\_

**Full Name(s) of Opposing Party/Landlord D.O.B.**  
\_\_\_\_\_  
\_\_\_\_\_

**PHONE:** \_\_\_\_\_

**Text OK?**  Yes  No

**Is Domestic Violence present in your home?**

Yes  No

**Do you feel safe from your family/friends/roommates who reside with you?**

Yes, I feel safe  No, I do not feel safe

**Able to use Zoom?**  Yes  No

**Able to use Google meets?**  Yes  No

**Interpreter needed?**  Yes  No

(Language) \_\_\_\_\_

**Primary Language Spoken at home?**

(Language) \_\_\_\_\_

**Are you a U.S. Citizen?**  Yes  No

Your answer will not affect your application to receive legal services.

**\*BENEFITS YOU RECEIVE\***

**\*EVICITION CASES ONLY**

SSI  SNAP

Medicaid

Refugee Resettlement

Poverty Based VA

PWA (Pregnant Women Asst.)

Temporary assistance for needy families (TANF)

Aged, blind, or disabled assistance benefits, medical care services under RCW 74.09.035

**Family Type**

Single Adult Female

Single Adult Male

Single Parent Female

Single Parent Male

Two Parent Household

Two Adults (no children)

Other \_\_\_\_\_

**Household Size**

Number of Household Members

# Adults 18-years or older \_\_\_\_\_

# Children 9 – 17 years old \_\_\_\_\_

# Children 8 years-old or younger \_\_\_\_\_

**Household:** includes all of those who reside on the premises, and who share living expenses, food, rent, bills, etc., i.e. spouse/partner/roommates/adult children/family members/etc.

**TOTAL MONTHLY HOUSEHOLD INCOME \$** \_\_\_\_\_

(Select all that apply and indicate gross amount for each source of income for ALL who contribute to YOUR household finances)

No Income

Unemployment Insurance \_\_\_\_\_

TANF \_\_\_\_\_

Employment Only \_\_\_\_\_

Child Support \_\_\_\_\_

General Assistance (ABD)

SSI \_\_\_\_\_

Other (e.g., Food Stamps)

SSDI \_\_\_\_\_

Pension \_\_\_\_\_

Retirement \_\_\_\_\_

**COURT CASE NUMBER** \_\_\_\_\_

**Are you a veteran/served in the Military?**  Yes  No

**Do you have health insurance?**  Yes  No

You may choose not to respond to some of the questions listed below. We do not share your personal information. We are a non-profit legal aid organization and depend on grants and other donations. Many of our grants request anonymous statistical data information.

**GENDER (Select all that apply)**

- Agender
- Genderfluid
- Genderqueer
- Man/Male
- Woman/Female
- Trans Man
- Trans Woman
- Nonbinary/nonconforming
- Self identifies in another way
- Two-Spirit
- Prefer Not to Answer

**EDUCATION**

- 0 – 8
- 9 – 12 (Non-graduate)
- High School Graduate/GED
- 12+ Post Secondary
- 2 and/or 4 Year College Graduate

**HISPANIC/LATINO/A/X?**  Yes  No

**Do you identify as an indigenous or native person?**  Yes  No

**RACE (Must select at least one)**

- American Indian/Alaskan Native or First Nations or Hispanic (including recent heritage from Spain or Portugal)
- American Indian/Alaskan Native or Hispanic (including recent heritage from North, Central, South America, i.e. Mexico)
- American Indian/Alaskan Native, or Hispanic & Black/African American
- Asian
- East Asian
- South Asian
- Southeast Asian
- Black/African America
- Black/African American & White
- Middle Eastern, Southwest Asian, or North African (MENA/SWANA)
- Native Hawaiian/Pacific Islander
- Slavic/Eastern European
- White
- Multiracial (More than one race not listed above)
- Other (another race, ethnicity, or origin) \_\_\_\_\_

**Insurance type?**

- Uninsured  Private  Unknown
- Medicaid  Medicare

**Do you identify as a person living with disabilities?**  Yes  No

**Do you need accommodations with accessing the courts and/or**

**legal services?**  Yes  No

**What kind of accommodation do you need?**

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**WHERE ARE YOU CURRENTLY LIVING?**

- Rental, no ongoing housing subsidy (R)
- Rental, with ongoing housing subsidy (U)
- Rental (Veteran), w/ VASH (S) or GPD TIP (T) subsidy
- Living with family member (X) or friend (Y) (circle one)
- Place not meant for habitation (ex: vehicle, abandoned or condemned bldg., bus, train, subway station, airport or anywhere outside) (P)
- Transitional housing/residential project/halfway house w/ no homeless criteria (V)
- Owned, no ongoing housing subsidy (M)
- Other (Ab) \_\_\_\_\_ (Please list)
- Would rather not answer (Ad)

**HOUSING ISSUE(S)**

- Received court documents  Sheriff came and posted Docs
- Received eviction notice  Security Deposit/Invoice
- Repair  Harassment/Discrimination by landlord
- Eviction on Record  Locked out/changed the locks
- Other \_\_\_\_\_

**Please explain your legal issue, include hearing date, response date, court case number:**

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**How did you hear about SCLS?** \_\_\_\_\_

**If I do not qualify for SCLS legal services, I might qualify for another Legal Aid Organization such as the Northwest Justice Project (NJP), Tacoma Pro Bono, or King County Bar Association. I hereby authorize and consent to Snohomish County Legal Services referring my case to other legal aid organizations. This consent includes sharing my name, date of birth, phone number, and information about my legal situation. I understand that SCLS is not affiliated with any of the other legal aid organizations and cannot guarantee that the other organizations will pick up my case.**

**Applicant Signature** \_\_\_\_\_

**I certify, under penalty of perjury, that the above information is true and correct.**  **VERBAL CONFIRMATION**

**Client Name** \_\_\_\_\_ **Client Signature** \_\_\_\_\_ **Date** \_\_\_\_\_