



Montana Legal Services Association Application for Assistance

HOW TO APPLY FOR HELP:

1. You can call MLSA's HelpLine at:

1-800-666-6899

The HelpLine is answered Monday – Friday from 7:30 am to 6:00 pm. Sometimes you may have a hard time getting through on the phones. We want to hear from you, so please keep trying. The fastest way to apply is by calling the HelpLine.

OR

2. You can submit an application online. To submit an application online you need to go to our website, <http://www.mtlsa.org>, click on the “**Get an Application**” link located under the “**Quick Links**” area on the left of the homepage and, on the following page, click on the “fill out online and submit online” link to begin the online application process.

OR

3. You can complete this form to apply for our help. To submit this paper application you can:

Mail or fax this form to the Montana Legal Services Association (MLSA).

Our mailing address is:

Montana Legal Services Association
616 Helena Avenue, Suite 100
Helena, MT 59601

Our fax number is:

(406) 442-9817

4. We will contact you. Please call MLSA at the number below, if you do not hear from us within 3 days.
5. If you need help filling out this application, or if you want to apply over the phone, please call the Montana Legal Services Association's HelpLine Number at 1-800-866-6899.



Montana Legal Services Association Application for Assistance

Complete the application to the best of your ability. All the information you provide in this application is strictly confidential.

1. What type of problem do you need help with?

- | | | | |
|--|---|--|--------------------------------------|
| <input type="checkbox"/> Garnishment | <input type="checkbox"/> Eviction | <input type="checkbox"/> Custody | <input type="checkbox"/> Medicaid |
| <input type="checkbox"/> Collection Lawsuit | <input type="checkbox"/> Housing Subsidy/Voucher | <input type="checkbox"/> Divorce | <input type="checkbox"/> TANF |
| <input type="checkbox"/> Collection Harassment | <input type="checkbox"/> Return of Security Deposit | <input type="checkbox"/> Order of Protection | <input type="checkbox"/> Food Stamps |
| <input type="checkbox"/> Repossession | | | <input type="checkbox"/> Employment |
| <input type="checkbox"/> Foreclosure | <input type="checkbox"/> Mobile Home Issues | <input type="checkbox"/> Other _____ | |

2. Applicant Information:

First name: _____ Middle initial(s): _____

Last name: _____

Other names you have gone by: _____

SSN: XXX – XX - ____ ____ (last 4 digits only)

Date of Birth: _____ Age: _____

Sex: Male Female Email Address (optional): _____

If case involves domestic violence, please provide MLSA with safe contact information:

Street address: _____

City: _____ State: _____ ZIP Code: _____

Best phone number to reach you at (MLSA will try to call you, it is important that you provide MLSA with a reliable number to reach you):

Area code: _____ Number: _____ Type of phone: _____

Another phone number to reach you at:

Area code: _____ Number: _____ Type of phone: _____

Please indicate best time to call you back: _____

Is it safe to contact you using the phone number(s) / address above? Yes No

Do you need an Interpreter? Yes No

If you answered "Yes", what language? _____

Are you a citizen of the United States? Yes No

Attestation:

I am a citizen of the United States

Signature

Date

If you are not a citizen, are you a legal resident? Yes No

AIN: _____

3. Other Party Information: Provide the following information about the other person, agency, or business in your case. For example, in a divorce that person would be your spouse. For custody, that would be another parent or guardian. For housing, it would be your landlord. If you've had funds taken from your bank account, it would be the financial institution and the creditor who took your money.

Full name of person, agency or business:

City and State: _____

Other party SSN: XXX-XX-__ __ __ __

Other Party DOB: __/__/__

Other names the other party has gone by:

4. Your Household: Please answer the following questions about your household. A

"Household" is all the people that you have a responsibility to support, such as a spouse, a child, or a ward.

How many adults (19 and over) live in your house? _____

How many children (under age 19) live in your house? _____

5. Household Income Information: Please list all sources of income where applicable.

Type of Income	You	Other Party
Employment		
Food Stamps (SNAP)		
SSI		
Soc. Sec. Disability		
Soc. Sec. Retirement		
Child Support		
TANF (Welfare)		
Veteran's Benefits		
Unemployment		
Worker's Compensation		
Other:		
Other:		

6. Asset Information:

If "Yes", please list the item, what it is worth, and how much you owe on it if anything.

Item	Do you have?	Amount in account?	
Checking	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Savings	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Item	Do you have?	How much did you pay for it?	How much do you owe on it?
Car 1	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Car 2	<input type="checkbox"/> Yes <input type="checkbox"/> No		
House 1	<input type="checkbox"/> Yes <input type="checkbox"/> No		
House 2	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Stocks, bonds, CDs	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No		

7. Hearings and Deadlines:

- Have you been served with court documents? Yes No

If yes, what date were you served with papers? _____

- Are there any deadlines that you know of? Yes No

If yes, what is the deadline? _____

- Is there a hearing scheduled? Yes No

If yes, what is the date and time of the hearing? _____

Please **ATTACH** copies of critical documents containing important dates.

8. Specific Problem:

Please tell us what problem you need help with:

What do you want Montana Legal Services Association to do for you?

9: Feedback:

Is there any feedback you would like to leave regarding this application? Did any terms, words or questions not make sense to you? Let us know so we can improve the process in the future.