

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 or 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 \$ _____

Did you participate in an entrepreneurial training program? If so, please list the name of the program and your date of completion: _____

II. BUSINESS INFORMATION:

Business Name: _____ Date Business Started: _____

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

(City) (State) (Zip Code)

Business Phone () _____ Facsimile () _____ Email: _____

Mailing Address (if different) _____
(Street Address)

(City) (State) (Zip Code)

Business Form (circle one): Sole Proprietorship Partnership Corporation LLC

Please attach any organizational documents (e.g., articles of incorporation, partnership or LLC agreement)

Avg. Monthly Gross Sales:\$ _____ Avg. Monthly Net Profit:\$ _____
Value of Business Assets:\$ _____

Current Number of Hired Individuals (including owners, employees, independent contractors):

Owner(s): Full Time _____ Part Time _____ No. of hours/week: _____

Employee(s): Full Time _____ Part Time _____ No. of hours/week: _____

Contractor(s): Full Time _____ Part Time _____ No. of hours/week: _____

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: _____