

# APPLICATION FOR LEGAL ASSISTANCE

VOUCHER # \_\_\_\_\_

COUNTY \_\_\_\_\_

SOUTHWESTERN COMMISSION  
AREA AGENCY ON AGING  
125 BONNIE LANE  
SYLVA NC 28779  
828/586-1962

## I. APPLICATION

NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

TELEPHONE \_\_\_\_\_ COMMUNITY \_\_\_\_\_

(If no home phone please give nearest neighbor)

SEX \_\_\_\_\_ RACE \_\_\_\_\_

MONTHLY INCOME \_\_\_\_\_

LIVE ALONE \_\_\_\_\_ WITH FAMILY \_\_\_\_\_ OTHER \_\_\_\_\_

NUMBER OF PERSONS IN FAMILY \_\_\_\_\_

DISABLED \_\_\_\_\_ PLEASE SPECIFY \_\_\_\_\_

*\*\*\*This program is targeted to serve individuals age 60 and older with priority given to individuals with the greatest social and economic need.*

## II. NATURE OF LEGAL ASSISTANCE REQUESTED(please describe as fully as possible)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## III. VERIFICATION OF INFORMATION/REQUEST:

This information is correct and is a request for participation in the Region A Area Agency on Aging Legal Assistance Program.

\_\_\_\_\_ (APPLICANT) \_\_\_\_\_ (STAFF)

(Signature) (Signature)

\_\_\_\_\_ (DATE) \_\_\_\_\_ (DATE)

## III. ACTION ON APPLICATION (AAA STAFF FILLS OUT)

REFERRED TO ATTORNEY \_\_\_\_\_

APPROXIMATE COST \_\_\_\_\_

ACTUAL COST FOR CLIENT \_\_\_\_\_

ACTION/ RESULT/ RECOMMENDATION: