



**Southwestern Commission**

125 Bonnie Lane  
Sylva, NC 28779

Phone: 828.586.1962  
Fax: 828.586.1968

[regiona.org](http://regiona.org)

## Area Agency on Aging

### LEGAL ASSISTANCE APPLICATION

<b>Name (Last)</b>		<b>(First)</b>	<b>(M.I.)</b>	<b>Last 4 Digits SSN</b> ____-____-____
<b>Street Address</b>				<b>Date of Birth</b> ____/____/____
<b>Mailing Address</b>				<b>Phone #</b> ____-____-____
<b>City</b>	<b>State</b>	<b>Zip</b>	<b>County</b>	
<b>Gender (check one)</b>  <input type="checkbox"/> Female <input type="checkbox"/> Male	<b>Household size (check one)</b> <input type="checkbox"/> Lives alone <input type="checkbox"/> 2 in Home <input type="checkbox"/> 3 or more in Home <input type="checkbox"/> Group/Shared Home <input type="checkbox"/> Long Term Care Facility	<b>Marital Status (check one)</b> <input type="checkbox"/> Single (never married) <input type="checkbox"/> Married <input type="checkbox"/> single (divorced/ widowed)		<b>Estimated Monthly Income:</b>  \$ _____
<b>Race</b> <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian/Asian American <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Other (specify) _____		<b>Are you of Hispanic/Latino origin?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>What language do you speak in your home?</b>  _____
<b>Do you fear that limited finances will cause you to ever lose your principal residence, whether renting or owning?</b> <input type="checkbox"/> Yes, as a renter <input type="checkbox"/> Yes, as a homeowner <input type="checkbox"/> No, as a renter <input type="checkbox"/> No, as a homeowner <input type="checkbox"/> No answer / Not applicable		<b>Did you know what action to take to prevent the scammer from taking your money or assets?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>When was the last time a non-relative attempted to scam you out of money or personal items?</b> <input type="checkbox"/> Within 1 calendar month <input type="checkbox"/> Within 6 calendar months <input type="checkbox"/> Within 1 year <input type="checkbox"/> Never

Southwestern Commission does not discriminate on the basis of age, sex, race, marital status, color, religion, national origin or disability

**Cherokee County**  
Andrews  
Murphy

**Clay County**  
Hayesville

**Graham County**  
Robbinsville  
Lake Santeetlah  
Fontana Dam

**Haywood County**  
Canton  
Clyde  
Maggie Valley  
Waynesville

**Jackson County**  
Dillsboro  
Forest Hills  
Sylva  
Webster

**Macon County**  
Franklin  
Highlands

**Swain County**  
Bryson City

**Eastern Band of Cherokee Indians**



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## LEGAL ASSISTANCE APPLICATION

Due to funding restrictions, legal program recipients are eligible for assistance with **one** document (i.e., Will, Power of Attorney) in a calendar year. If more than one qualified individual resides in a household, each eligible resident will be entitled to **one** legal application each.

Please make your selection below.

**NATURE OF ASSISTANCE REQUESTED:**

- Last Will and Testament
- Health Care Power of Attorney
- Financial Power of Attorney
- Living Will
- OTHER: (please describe as fully as possible below)

I, the applicant, understand the information contained on this form will be kept confidential unless disclosure is required by court order or for authorized federal, state or local program reporting and monitoring. I understand that any entitlement I may have to Social Security benefits or other federal or state sponsored benefits shall not be affected by the provision of the aforementioned information. My signature authorizes the providing agency to begin the service requested.

DATE: \_\_\_\_\_ APPLICANT SIGNATURE: \_\_\_\_\_

**RETURN COMPLETED APPLICATION TO:**

Southwestern Commission  
Attn: Pat Baker  
125 Bonnie Lane  
Sylva, NC 28779  
FAX: 828-586-1968  
EMAIL: pbaker@regiona.org

**AAA OFFICE USE ONLY:**

VOUCHER # \_\_\_\_\_  
REFERRED TO ATTORNEY \_\_\_\_\_

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