



Application for Free Legal Services Small Businesses

Note: If the business has multiple owners, each owner must complete a separate application.

Your name _____

Spouse/domestic partner name _____

Business name _____

Street Address _____

City _____ State _____ Zip _____

E-mail address _____ Business Phone _____

Web site address _____

Daytime phone _____ Evening phone _____

About the business owner

Race/Ethnicity (select one or more)

- African-American American Indian Hispanic/Latino White/Caucasian
 African/Other _____ Asian/Pacific Islander Other _____

Gender

- Male Female Birth date: _____ Military veteran? Yes No

Gross Monthly Household income \$ _____

Household size _____ Adults _____ Children _____

What do you rely on as your PRIMARY source of Household income? (check only one)

- Self-employed (full-time) Self-employed (part-time) Spouse/Partner Income Full-time job
 Part-time job Savings/Investment Alimony/Child Support Disability
 Public Assistance Unemployment Social Security Other

About the business

Business status Start-up (not operating yet) Existing

For existing businesses only:

Year established _____ or Acquired _____

Number of employees _____ Full-time _____ Part-time _____

How many of these employees are family members? _____

What services or products does (or will) the business provide? _____

What type of legal assistance are you seeking for your business? Provide as much detail as you can. _____

How did you learn about LegalCORPS? _____

Please attach copies of these documents to your application:

1. Most recent individual federal income tax return – with Social Security numbers obscured.
2. Business plan, if available (for start-ups)

Your application must include a check for \$50, payable to LegalCORPS. This is an administrative fee and will be refunded if LegalCORPS is unable to place your matter. Any legal services provided will be free of charge.

The information given here is correct and true to the best of my knowledge. I understand that LegalCORPS may verify financial information by reviewing documents I provide.

Signature _____ Date _____

Print name _____

**Send this form and its attachments to
LegalCORPS
1000 LaSalle Avenue SCH 335
Minneapolis, MN 55403**

***NOTE: You also can fill out this form online and submit it as an e-mail
attachment to info@legalcorps.org***

LegalCORPS will use and disclose your information only to the extent necessary and appropriate. By submitting your application, you agree that we may disclose your information to others, including volunteer law firms and lawyers who will consider assisting you.

Before finally determining your eligibility for free legal services from LegalCORPS volunteers, we may ask you for further information (including your individual tax information) and might ask you to submit further financial statements.

For more information, please call 612-206-0780, or e-mail us at info@legalcorps.org .

LegalCORPS does not discriminate on the basis of race, color, religion, creed, national origin, disability, sexual orientation, or status with regard to public assistance.