

Office Use Only

\$ _____ Assessment payment amount

\$ _____ Monthly payment amount

_____ Staff Initials _____ Date

**Lawyers and Judges Assistance Program
Income Eligibility Application**

Date

Last Name

First Name

Middle Initial

Address (Street Name & Number)

Apt. #

City

State

Zip Code

Employment Status:

Employed

Unemployed

Last Date employed _____

Disabled

Laid Off

Type of Employment:

Full-time

Part-time

3/4 time

Household Income (monthly)

Wages _____

Child Support _____

Unemployment _____
Compensation

Social Security _____

Alimony _____

Loans _____

Other _____

(ex: Income from Family or Friends)

Household Expenses (monthly)

Housing _____

Food _____

Clothing _____

Utilities _____

Transportation _____

Medical _____

Other _____

If expenses exceed income please explain how this deficit is being addressed (i.e. using Credit Cards to pay the balance or defaulting on payments): _____

Number of People Supported by Income _____

	Name	Age	Relationship
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

I hereby certify that all the information provided and submitted in support of this application is true and correct as of the date set forth below my signature and that I will be disqualified if it is determined that any or all information provided is inaccurate or non-verifiable.

Name

Witness

Date

Date

Signed and sworn to before me in _____ County, MI on _____.

Notary Public – State of Michigan
County of _____
My Commission Expires _____
Acting in the County of _____