



Centro Hispano-LITC Intake and Financial Affidavit Form

NOTICE: The information obtained on this form will be used to help determine if we can assist you with you legal needs. The information you provide is confidential, but it must be completed and truthful to the best of your knowledge.

Today's date _____

How did you hear about us? _____

I. INFORMATION ABOUT YOU

Have you filled out an intake with us before? Yes No

Name _____ Date of Birth _____

Home Phone _____ Cell Phone _____

Address _____ Apt. # _____ City _____ State _____

Zip Code _____ County _____ Country of Citizenship _____

Marital Status _____ Gender _____ Ethnicity _____

First Language _____ Second Language _____

Monthly Income/Source _____

Please indicate the appropriate status for each of the following (Yes/No):

Employed? _____ Single Parent Head-of-Household? _____ Homeless? _____
Handicapped? _____ Victim of Domestic Violence? _____ Victim of Crime? _____

What is the number of adults and children in your household? # of Adults _____ # of Children _____

II. INCOME INFORMATION:

In order to determine if you qualify for our services, please provide the following financial information.

All Others in Household (Name/Relationship/Date of Birth) Monthly Income/Source

Table with 2 columns: All Others in Household (Name/Relationship/Date of Birth), Monthly Income/Source. Rows include Spouse's Name, and four Dependent entries.

For Additional Dependents Please Use the Additional Information Section*

Does anyone in the household receive public assistance including, but not limited to (Check the appropriate box):

TANF Yes No Disability Yes No Food Stamps Yes No Social Security Yes No

Fuel Assistance Yes No Worker's Comp. Yes No AFDC Yes No

III. YOUR LIVING EXPENSES:

Monthly House Payments \$ _____ Weekly Child Care Expenses \$ _____

IV. CERTIFICATION AND UNDERSTANDING OF CLIENT-ATTORNEY RELATIONSHIP

I understand that any professional relationship that may be formed during my initial intake does not continue after this session. I further understand that by attending an intake session, I am not guaranteed continued representation by an attorney or clinic staff affiliated with Centro Hispano LITC.

I certify and affirm that I have read the above or had it read to me; I fully understand the information contained herein; and it is true and correct to the best of my knowledge.

Date _____ Signature _____ Witness _____
Taxpayer Staff Member
Date _____ Signature _____ Witness _____
Taxpayer Spouse Staff Member

V. ADDITIONAL INFORMATION

All Other Dependents (Name/Relationship/Date of Birth)

Monthly Income/Source

All Other Dependents (Name/Relationship/Date of Birth)	Monthly Income/Source
Dependent:	
Dependent:	
Dependent:	
Dependent:	
Dependent:	
Dependent:	
Dependent:	
Dependent:	
Dependent:	
Dependent:	
Dependent:	
Dependent:	
Dependent:	

Describe Your Tax Issue

PRIVACY STATEMENT

Centro Hispano-LITC is committed to ensuring that your privacy is protected. In filling out this Intake and Financial Affidavit form, you consent to provide us with certain information that will help you be identified with the IRS. This information is only used to resolve your current tax issue(s) in accordance to this privacy statement. We do not sell, trade, rent or otherwise share any personal identification information you provide to us to any 3rd party unless we have your permission. We retain paper and/or digital copies of this contract and other necessary forms as required by law.

INFORMATION SHARING

Your personal information may be shared internally only among Centro Hispano-LITC tax practitioners to ensure that you are receiving the best representation before tax authorities.

SECURITY

We are committed to ensuring that your information is secure. In order to prevent unauthorized access of disclosure we have put in place suitable physical, electronic, and managerial procedures to safeguard and secure the information we collect.

GRIEVANCE FORM

Centro Hispano-LITC is committed to ensuring that you are treated with respect and that its employees operate in a professional manner. As a client of the Centro Hispano LITC you have the ability to fill out a grievance form should you have any issues relating to your experience with the Centro Hispano LITC. You may obtain this form by going to www.Centrohispano.org and following the appropriate links, or in person at the Centro Hispano LITC office. This grievance form with its procedures are for grievances related to this clinic only, and not for grievances with the IRS.

Taxpayer Initials _____ Date _____
 Taxpayer Spouse Initials _____ Date _____

FOR OFFICE USE ONLY:

	No	Yes	
Taxpayers income exceeds 250% of poverty level?	<input type="checkbox"/>	<input type="checkbox"/>	
Tax and penalty exceeds \$50,000 per year?	<input type="checkbox"/>	<input type="checkbox"/>	
Referred to Pro Bono?	<input type="checkbox"/>	<input type="checkbox"/>	Name: _____
Referred to TAS?	<input type="checkbox"/>	<input type="checkbox"/>	
State Return Handled?	<input type="checkbox"/>	<input type="checkbox"/>	

Number of ITIN Applications Prepared _____

Supplemental Issue Number _____