

LEGAL SERVICES INTAKE FORM
St. Ambrose Housing Aid Center
321 East 25th Street, Baltimore, MD 21218
Phone: 410-366-8550 x249 • Fax: 410-366-8795 • www.stambros.org

Please complete this form and submit it to St. Ambrose by mail, by fax, or in person.

First name _____ Last name _____

Street address _____

City _____ State (*must be a MD resident*): MD Zip Code _____

Phone (_____) _____ Cell phone (_____) _____

Email _____

Date of birth (mm/dd/yyyy) ____/____/____ Gender: Male Female

Race (for grant reporting purposes only) (Check all that apply.):

- | | |
|---|---|
| <input type="checkbox"/> American Indian / Alaskan Native | <input type="checkbox"/> Native Hawaiian / Other Islander |
| <input type="checkbox"/> Asian | <input type="checkbox"/> White |
| <input type="checkbox"/> Black / African American | <input type="checkbox"/> Other Multi-Racial Category |
| <input type="checkbox"/> Hispanic | |

Number of people in household: _____

Income of each resident in the household and source:

1) \$ _____

2) \$ _____

3) \$ _____

4) \$ _____

How you heard about St. Ambrose: _____

Type of legal question: _____

I am a citizen of the United States _____
Signature

AFFIDAVIT

I, the undersigned affiant, hereby swear and affirm under the penalties of perjury that I personally filled out the above information, and that the above information is true and accurate to the best of my knowledge and belief.

Signature _____
Date