[Per RCW 10.101.020(3)] LFO REMIT INTAKE (3.2016)

APPLICANT INFORMATION

Name:

Date of birth:	SSN:	Phone:

Current address:

City:	State:	ZIP Code:

Own Rent (Please circle)	Monthly payment or rent:	How long?

Previous address:

City:	State:	ZIP Code:

Owned Rented (Please circle)	Monthly payment or rent:	How long?

EMPLOYMENT INFORMATION

Current employer:

Employer address:		How long?
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Position:	Hourly Salary (Please circle)	Annual income:

Previous employer:

Address:		How long?
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
Position:	Hourly Salary (Please circle)	Annual income:

OWNERSHIP

Do you own a home? Y ( ) N ( ) Vehicle? Y ( ) N ( )	Phone:
City:	State:	ZIP Code:

Relationship:

[Per RCW 10.101.020(3)] LFO REMIT INTAKE (3.2016)

CURRENT FINES

ALL CASE NUMBERS that apply to you:

AMOUNT YOU OWE:	MONTHLY:	LAST PAYMENT:

CASE NUMBER:

AMOUNT YOU OWE:	MONTHLY:	LAST PAYMENT:

HOW MUCH HAVE YOU PAID SO FAR?

Place an "x" next to any of the following types of assistance you receive:

_____Welfare _____Poverty Related Veterans' Benefits

_____Food Stamps _____Temporary Assistance for Needy Families

_____SSI _____Refugee Settlement Benefits

_____Medicaid _____Disability Lifeline Benefits

_____Other – Please Describe_____

DISABILITY

Tell me about disability:

DOCTORS NAME?	HOW LONG?
WHEN DIAGNOSED?	ON MEDICATION?
ATTACH PAPAERWORK?	

[Per RCW 10.101.020(3)] LFO REMIT INTAKE (3.2016)

ABILITY TO PAY

CAN YOU MAKE ANY PAYMENTS?	HOW MUCH?

APPLICATION INFORMATION CONTINUED

CREDIT CARDS

Name	Account no.	Current balance	Monthly payment

MORTGAGE COMPANY

Account no.:	Address:

AUTO LOANS

Auto loans	Account no.	Balance	Monthly payment

OTHER LOANS, DEBTS, OR OBLIGATIONS

Description	Account no.	Amount

OTHER ASSETS OR SOURCES OF INCOME

Description	Amount per month or value

I certify or declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Signature of applicant	Date
	Franklin County, Washington