

Alabama Lawyer Assistance Foundation Inc.
Treatment Revolving Loan Fund

Applicant's Statement of Finances & Sources of Funds

This Statement is used to evaluate the suitability of the Applicant for a loan of funds from Alabama Lawyer Assistance Foundation (ALAF), a non-profit corporation separate and distinct from the Alabama State Bar and from its Lawyer Assistance Program (ALAP).

ALAF may make loans for treatment to eligible Applicants, i.e., those (a) under contract and in good standing with ALAP and (b) who show a demonstrated lack of resources from which to fund treatment recommended by ALAP. *ALAF intends to be a lender of last resort.* If the Applicant has other means or sources of treatment funds, he/she is expected to seek and use those other resources.

Please read the Loan Policy of ALAF for clarification of eligibility and conditions of ALAF loans. Information contained herein is confidential and only available to the ALAP staff and the ALAF loan review committee.

All questions must be answered in full or an explanation provided. The Applicant can and should provide an additional sheet with explanations of any unclear or inapplicable answer required on this Statement.

1. NAME _____ Soc. Sec. No. ____ - ____ - ____

ADDRESS _____

Phone Nos. (cell) _____ (home) _____ (office) _____

Age ____ Married? ___ Yes ___ No. Number of Dependents living with you _____

2. **BAR LICENSE STATUS:** _____

3. **EMPLOYER** (present) _____

Position Held with Employer: _____ Employer's Tel. No. (____) _____

Employer's Address _____

4. Health Insurance Coverage ___ Yes ___ No; Provider _____

5. **CURRENT NET MONTHLY SUPPORT** (approx) (from ALL sources, including gifts)

a. Compensation for services: \$ _____

b. Other income: \$ _____

Describe source(s): _____

c. Public assistance (Soc. Sec.; SSI; food stamps, etc.) \$ _____

d. Other sources of support (including gifts & family support) \$ _____
Describe source(s): _____

e. **TOTAL MONTHLY SOURCES OF SUPPORT (Sum of (a) – (d))** \$ _____

6. Gross Annual Income in Prior Year (approx) \$ _____

a. Describe source(s): _____

b. Please attach copy of 1st 2 pages of most recent Federal Income Tax Return

7. **CURRENT MONTHLY LIVING EXPENSES** (approx)

rent _____ heat/elec. _____ transportation _____
food _____ phone _____ miscel. living _____
medical _____ other util. _____ health insurance _____

Child/Family support _____ Debt payments: (covered below in Liabilities)

Other monthly expenses (describe) _____

TOTAL MONTHLY LIVING EXPENSES (ADD items above) \$ _____

8. **ASSETS**

a. Real estate: (provide additional sheets, if necessary)

Percentage Owned: _____%; Co-owner: _____

Location: _____

(1) Gross Value \$ _____; (2) Mortgage(s) \$ _____

(1) minus (2) = Equity \$ _____

b. IRA, Keogh, Profit Sharing, 401(k), other retirement plans \$ _____

c. Life insurance: Present Cash Value \$ _____

d. Interests in trusts; expected inheritance \$ _____

Describe nature/source(s): _____

d. Checking/Savings accounts, money market & CD's --

Name of Institution	Nature of Ownership	Balance
		\$
		\$
		\$

f. Other Investment Assets \$ _____

Describe: _____

g. Automobiles:

(1) Fair Mkt. Val. \$ _____ Auto Loan \$ _____ = Equity \$ _____

(2) Fair Mkt. Val. \$ _____ Auto Loan \$ _____ = Equity \$ _____

h. Other Assets (e.g. valuable personal property, collections, jewelry)

_____ \$ _____

_____ \$ _____

i. **TOTAL ASSETS (ADD ITEMS (a) through (g))** \$ _____

9. LIABILITIES (except auto loans, which are to be listed above)

<u>Creditor</u>	<u>Collateral (if any)</u>	<u>Total Debt Amount</u>	<u>Monthly Payment</u>

DEBT & PAYMENT TOTALS		\$ _____	\$ _____
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10. OTHER INFORMATION that the Applicant believes to be pertinent to his/her capability to pay for treatment and living expenses.

I certify that I have sought to obtain funds for my treatment from family and from friends who might be willing to provide me funds for that purpose, and such efforts have not been successful.

I further certify that the information stated herein is true to the best of my knowledge and belief.

Date: _____ Signature: _____