



# Palatine Township Resident Assistance Program Documentation List Application

**Please Print**

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Email: \_\_\_\_\_

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last Name \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Birth Place \_\_\_\_\_ Male  Female

Race: \_\_ Arabic \_\_ Asian \_\_ Black \_\_ Hispanic \_\_ Native American \_\_ White \_\_ Other

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Marital Status: Married  Single  Separated  Divorced  Widowed

**List below the name(s) of your spouse, children and any other people living at this address:**

Name	Age	Birthday	Relationship
_____	_____	____/____/____ Male <input type="checkbox"/> Female <input type="checkbox"/>	_____
_____	_____	____/____/____ Male <input type="checkbox"/> Female <input type="checkbox"/>	_____
_____	_____	____/____/____ Male <input type="checkbox"/> Female <input type="checkbox"/>	_____
_____	_____	____/____/____ Male <input type="checkbox"/> Female <input type="checkbox"/>	_____
_____	_____	____/____/____ Male <input type="checkbox"/> Female <input type="checkbox"/>	_____
_____	_____	____/____/____ Male <input type="checkbox"/> Female <input type="checkbox"/>	_____

**I certify that the above information is current and correct to the best of my ability.**

\_\_\_\_\_  
**Client Signature** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

<b>For Office Use Only</b> Staff Name: _____ Date _____ Client Case # _____
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