



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** ____/____/____

For Office Use Only Staff Name: _____ Date _____ Client Case # _____
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