

# RESIDENTIAL ASSISTANCE FOR FAMILIES IN TRANSITION (RAFT) Application for Assistance

## A. HOUSEHOLD INFORMATION (Head of Household)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Address \_\_\_\_\_ Apt. Number \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 (Mailing address, if different)  
 Address \_\_\_\_\_ Apt. Number \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

## I. PLEASE COMPLETE FOR EACH HOUSEHOLD MEMBER

*NOTE- Use a "✓" Mark for the Columns that are labeled: Relationship to Head of Household; Race; and Ethnicity*

Name (Last, First, Middle Initial)	*Social Security Number	Date of Birth (MM/DD/YY)	Veteran Status	Dis-ability	Sex	Relationship to Head of Household (Check only 1)	Race (Check as many as apply)	Ethnicity (Check only 1)
(1)			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Male <input type="checkbox"/> Female	Head of Household	<input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Pacific Islander	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
(2)			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Spouse <input type="checkbox"/> Foster Child/Foster Adult <input type="checkbox"/> Other Youth Under 18 <input type="checkbox"/> Live-In Aid <input type="checkbox"/> Other Adult 18 or Older	<input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Pacific Islander	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
(3)			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Spouse <input type="checkbox"/> Foster Child/Foster Adult <input type="checkbox"/> Other Youth Under 18 <input type="checkbox"/> Live-In Aid <input type="checkbox"/> Other Adult 18 or Older	<input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Pacific Islander	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
(4)			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Spouse <input type="checkbox"/> Foster Child/Foster Adult <input type="checkbox"/> Other Youth Under 18 <input type="checkbox"/> Live-In Aid <input type="checkbox"/> Other Adult 18 or Older	<input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Pacific Islander	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
(5)			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Spouse <input type="checkbox"/> Foster Child/Foster Adult <input type="checkbox"/> Other Youth Under 18 <input type="checkbox"/> Live-In Aid <input type="checkbox"/> Other Adult 18 or Older	<input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Pacific Islander	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
(6)			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Spouse <input type="checkbox"/> Foster Child/Foster Adult <input type="checkbox"/> Other Youth Under 18 <input type="checkbox"/> Live-In Aid <input type="checkbox"/> Other Adult 18 or Older	<input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Pacific Islander	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino

