



## APPLICATION FOR FINANCIAL ASSISTANCE

RETURN TO [ravencaresinc@gmail.com](mailto:ravencaresinc@gmail.com) OR  
259 Old Flemingsburg Road, Morehead, KY 40351  
Transitional housing for individuals in recovery

Name: \_\_\_\_\_

Age: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Phone: \_\_\_\_\_

Amount Requested: \_\_\_\_\_

How long have you been clean or been in recovery?

When did you complete a rehabilitation program?

What program of rehabilitation did you complete?

What are the contributions you are making to the cost of the request such as a savings or payment plan?

What will the funds be used for?

What would receipt of the funds mean to you?

What circumstances should Raven Cares consider in making a grant of funds?

What is your current annual household income? (Including any member living in your house).

Have you read the terms of conditions for financial assistance from Raven Cares and do you agree to accept and abide by them?

YES  NO

I, \_\_\_\_\_, hereby state that all of the application in this application is true and correct to the best of my knowledge.

\_\_\_\_\_  
**NAME DATE**