Eligibility and Affirmation for Summer Youth Employment

Name:		SSN:		
Street:		Phone #:		
City:	State	e: Zip Code: _		
❖ Are you age 16 to 24? Yes ☐	No 🗌 If yes, what is y	your date of birth?		
If you are not age 16-24, you are not eligible for this program.				
Does your household receive Fami Yes	ily Assistance (TANF) bene	fits from the Alabama Depa	rtment of Human Resources?	
2. Does your household receive Food Yes No	d Assistance (SNAP) benefi	its from the Alabama Depar	tment of Human Resources?	
If you answer yes to either question 1 and household income information for		n. If both answers are no, p	lease list your household size	
How many people are in your househol				
Enter the name, relationship, and gross	s income from wages and/o Relationship to	or salary for each family me Monthly Gross Income		
Adult Family Member Name	Applicant	from Wages/Salary	from Wages/Salary	
1.				
2.				
3.				
4.				
5.				
Total Fami	ily Gross Monthly/Annual I	ncome from Wages and/or		
AFFIRMATION: I certify under penalty of is correct and true to the best of my kn citizens or aliens in satisfactory immighave to pay for services that I received	lowledge. I further certify the ration status. I understand	hat all family members, incl	uding myself, are U. S.	
Applicant Signature		Date	Date	
Parent/Guardian Signature(If applicant is under age 19.)		Date	Date	
Referring Agency Representative		Date	Date	
For DHR Use Only:				
Applicant is eligible for Summer Youth	Employment? Yes No	o 🗌		
Certified by:		Date		