

Eligibility and Affirmation for Summer Youth Employment

Name: _____ SSN: _____

Street: _____ Phone #: _____

City: _____ State: _____ Zip Code: _____

❖ Are you age 16 to 24? Yes No If yes, what is your date of birth? _____

If you are not age 16-24, you are not eligible for this program.

1. Does your household receive Family Assistance (TANF) benefits from the Alabama Department of Human Resources?
Yes No

2. Does your household receive Food Assistance (SNAP) benefits from the Alabama Department of Human Resources?
Yes No

If you answer yes to either question 1 or 2, skip to the affirmation. If both answers are no, please list your household size and household income information for adults below.

How many people are in your household? _____

Enter the name, relationship, and gross income from wages and/or salary for each family member who is 19 or over.

Adult Family Member Name	Relationship to Applicant	Monthly Gross Income from Wages/Salary	Annual Gross Income from Wages/Salary
1.			
2.			
3.			
4.			
5.			
Total Family Gross Monthly/Annual Income from Wages and/or			\$

AFFIRMATION: I certify under penalty of perjury that the information given above, including family size and gross income, is correct and true to the best of my knowledge. I further certify that all family members, including myself, are U. S. citizens or aliens in satisfactory immigration status. I understand that if I give incorrect/misleading information, I may have to pay for services that I received during my ineligibility.

Applicant Signature _____ Date _____

Parent/Guardian Signature _____ Date _____
(If applicant is under age 19.)

Referring Agency Representative _____ Date _____

For DHR Use Only:

Applicant is eligible for Summer Youth Employment? Yes No

Certified by: _____ Date _____