Eligibility and Affirmation for Summer Youth Employment

Nar	me:		SSN:	SSN:		
Street:			Phone #:	Phone #:		
City	y:	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 \(\text{\backless} \) No \(\text{\backless} \)					
2.	Does your household receive Food Assistance (SNAP) benefits from the Alabama Department of Human Resources? Yes No					
	ou answer yes to either question 1 of household income information for a		ı. If both ansv	vers are no, plo	ease list your household size	
	w many people are in your househol		torra Barra			
Enter the name, relationship, and gros Adult Family Member Name		s income from wages and/o Relationship to Applicant	Monthly Gr	<i>acn tamily men</i> ross income ges/Salary	Annual Gross Income from Wages/Salary	
1.						
2.						
3. 4.						
5.						
-		 ily Gross Monthly/Annual In	from V	Varea andler	•	
is c citiz	FIRMATION: I certify under penalty of correct and true to the best of my known action of the community of the pay for services that I received	owledge. I further certify the ration status. I understand	hat all family r	members, inclu	uding myself, are U. S.	
Applicant Signature				Date		
Pare (If a	rent/Guardian Signatureapplicant is under age 19.)			Date		
Referring Agency Representative				Date		
For	Authorized Use Only:					
App	plicant is eligible for Summer Youth	Employment? Yes No	, 🗆			
Car	rtified by:		Dat			

INSTRUCTIONS FOR THE SYP-2074 ELIGIBILITY AND AFFIRMATION FOR SUMMER YOUTH EMPLOYMENT

This form is used to establish eligibility for persons who apply to participate in the Summer Youth Employment funded by the Alabama Department of Human Resources. The instructions listed below have been designed specifically for use with Summer Youth Employment.

ALL ITEMS ON THIS FORM SHOULD BE COMPELTED AS FOLLOWS:

FIELD	INSTRUCTION		
Name, Street, City, State, Zip Code, SSN, Phone #	Complete with the applicant's current information.		
Age 16-24	The applicant should indicate if he or she is aged 16-24. If the applicant answers, "Yes," the applicant should state his or her date of birth. If "No," the applicant is not eligible for DHR funding for summer youth employment.		
1 and 2	Applicants should indicate if they or their household receives the listed services.		
Household Size	State how many people are in the applicant's household. To calculate the correct family size, include parents and relative caretakers of minor children, applicant spouses, and all siblings (if the applicant is a minor child) who are under age 18 or who are 18 and still in high school. Children and siblings age 19 and over are a separate household from their parents and minor siblings in most cases. People unrelated to the children or relatives who have separate households living in the same home are not included.		
Gross Income Chart	List each adult member of the family (age 19 or older). State that person relationship to the applicant and if that adult has income of any kind. Income must be listed as either monthly or annual. Convert weekly income to monthly income multiplying it times the average 4.33. Convert biweekly income to monthly income by multiplying it times 2.15. Proof of income does not have to be submitted with the application, but the referring agency should retain proof of financial eligibility in the records. For questions regarding income, please contact the Family Assistant Division—JOBS Program.		
Affirmation	The applicant should read the Affirmation statement and sign and date the form. If the applicant is a minor (under age 19), a parent or guardian should review the entire form and the Affirmation statement and sign and date it. A representative from the agency referring the applicant for summer youth employment should also sign and date the form.		