## 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's 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 by 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 their records. For questions regarding income, please contact the Family Assistance 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. |

## 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 Authorized Use Only:

Applicant is eligible for Summer Youth Employment? Yes ☐ No ☐

Certified by: _____ Date _____

Funded by the Alabama State Department of Human Resources
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