

YOUTH PROGRAM APPLICANT STATEMENT

I hereby certify under penalty of perjury that (please check all that apply):

<input type="checkbox"/> I am within the age of compulsory school attendance, but have not attended school for at least the most recent complete school year quarter. <input type="checkbox"/> I do not have a high school diploma or equivalent and I am not currently attending any school. <input type="checkbox"/> I am homeless (I lack a fixed, regular, and adequate nighttime residence or I am temporarily sharing the housing of friends or other non-family members due to an emergency or economic hardship). <input type="checkbox"/> I have been subject to any stage of the youth or adult criminal justice system. <input type="checkbox"/> I am an English Language Learner. <input type="checkbox"/> I am a parent providing custodial or non-custodial care for a minor child. <input type="checkbox"/> I am a foster child. <input type="checkbox"/> I have aged-out of the foster care system.	<input type="checkbox"/> I am 18-24 years old and residing temporarily with a parent(s) where I receive room/board in exchange for chores. My parent(s) will <u>not</u> claim me as a dependent for income tax purposes this calendar year. <input type="checkbox"/> I have received no income (wages, salary or other sources of cash) for the past six months. <input type="checkbox"/> I have never held a job. <input type="checkbox"/> I have never held a full-time job (30+ hours per week) for more than 13 consecutive weeks. <input type="checkbox"/> I have been fired from job within the last 12 months. <input type="checkbox"/> Other (Describe on page 2)
Additional Information:	

I attest that the information stated above is true and correct to the best of my knowledge.

Signature of Applicant or Parent/Legal Guardian (if Applicant is under 18)

Date

Print Name

Relationship to Applicant (if not applicant)

Signature of Corroborating Witness

Date

Print Name

Relationship to Applicant

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If the "Other" box is checked on the previous page of this form, please provide a brief description of what you are certifying under penalty of perjury below:

I attest that the information stated above is true and correct to the best of my knowledge.

*Signature of Applicant or Parent/Legal
Guardian (if Applicant is under 18)*

Date

Print Name

Relationship to Applicant (if not applicant)

Signature of Corroborating Witness

Date

Print Name

Relationship to Applicant