

# BUFFALO SUMMER YOUTH EMPLOYMENT PROGRAM TANF APPLICATION

**Fill out front and back of application**

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_ Phone # \_\_\_\_\_

School ID # \_\_\_\_\_ Cell # \_\_\_\_\_

**Race/Ethnicity:**    White (not-Hispanic)                      Black, or African American                      Hispanic or Latino  
                                  Alaskan/American Indian                      Asian (not Hispanic)                      Hawaiian/Pacific

**Selective Service:**    Yes, registered.....                      No, not registered.....                      Does not apply  
 (female)

**Are you a U.S. Citizen**    YES                      NO    If no, do you have?                      Immigration Card (I-94/174) or Passport

List full names of all people living in your household and their relationship (if any) to you.

NAME	AGE	RELATIONSHIP

Does ANY MEMBER of your household, including yourself, receive any form of public assistance? Please answer below:

PUBLIC ASSISTANCE PROGRAMS	(Circle One)		PLEASE LIST NAME	CASE NUMBER
Welfare (TANF or Safety Net)	YES	NO		
Food Stamps	YES	NO		
SSI (Supplement Security Income)	YES	NO		
Pell Grant Aid for your Education	YES	NO		

**Check the following if they PERSONALLY pertain to you:**

Disability ( \_\_ Physical \_\_ Learning \_\_ Other)    Foster Child    Homeless or Runaway    Limited English  
 Offender (History of arrests or convictions)    Lacks Significant Work History  
 Juvenile Offender (History of Arrests)    Pregnant and /or Parenting Teen  
 Requires Additional Assistance to complete an education program, or secure and hold employment

**EDUCATION STATUS:**

Are you attending school now?    YES, Name of school \_\_\_\_\_    What Grade are you in? \_\_\_\_  
 No, Highest Grade Completed \_\_\_\_\_    High School Graduate    Post Sec. School    School Drop-out

**PREVIOUS PARTICIPATION IN YOUTH EMPLOYMENT PROGRAMS:**

\_\_\_\_ Summer    \_\_\_\_ Career &Tech    \_\_\_\_ Burgard Automotive    \_\_\_\_ Youth Work Skills    \_\_\_\_ JOBS  
 \_\_\_\_ STEP    \_\_\_\_ AVE, PAVE    \_\_\_\_ PECE    \_\_\_\_ Liberty Partnership Program

If any member of your household is working, or has worked this past year, fill in the information below:

Name	Place of Employment	Annual Gross Income
		<b>Total =</b>

Check each of the following types of income that apply to anyone in your household **AND** give the gross income received from **each** for the **past twelve months**:

PERSON RECEIVING INCOME	SOURCE	AMOUNT (annual total)
	<b>Pension Benefits</b>	
	<b>Child Support</b>	
	<b>Alimony Payments</b>	
	<b>Workman's Compensation</b>	
	<b>Veteran's Disability</b>	
	<b>Social Security Benefits</b>	
	<b>Social Security Disability Benefits</b>	
	<b>Unemployment Insurance</b>	
	<b>Net Self-employment Income</b>	
	<b>Other Income</b>	
		<b>Total =</b>

Some of the following documents may be required prior to enrollment in the program. If they are not immediately available, please take necessary steps to obtain them as soon as possible.

- Proof of citizenship and age (i.e. birth certificate)
- Social Security Card
- Working Papers (If under age 18)
- Proof of address (current within 30 days)
- Pay Stubs/Wage Statement
- Report Card (Most Recent)
- Social Security Card
- DSS – Case Makeup Printout

**CERTIFICATION STATEMENT**

I certify that the information contained in this document is true and correct. I understand that this information is subject to verification. Under Part 665, Section 18 of the United States Code, fraud is subject to criminal prosecution with penalties up to \$10,000 in fines and/or up to 2 years imprisonment. I also certify that I have received and reviewed the WDC Grievance Procedures and the EEO/AA.

\_\_\_\_\_  
Parent/Guardian

Date: \_\_\_\_\_

\_\_\_\_\_  
Applicant

Date: \_\_\_\_\_

\_\_\_\_\_  
Certifying Official

Date: \_\_\_\_\_