



## SECTION FOUR Family Member and Services Information

**A.** Do you (the applicant) currently receive benefits under one or more of these programs?

**Yes**, check which program(s) then go to section 5.

FAMILY ASSISTANCE/ SAFETY NET	MEDICAID	SNAP FOOD STAMPS	HEAP	SSI

**No.** Please complete section B.

**B.** If you do not currently receive one of the programs listed above, please tell us about any income of your family members.

List all family members (including yourself) in the household. Include the gross income (income before taxes and deductions) of each family member who lives with you. Family members include your mother, father, stepmother, stepfather, any brothers or sisters (including half-siblings) who are under 18 years of age (or 18 and in secondary school) and these siblings' parents. If you have a child of your own, you should include that child, any brothers or sisters of the child, and the child's parent. You should not include any of these people if they do not live with you. You should not include other family members such as grandparents, uncles or aunts. If you are married, you should include your spouse, but do not need to include your parents or siblings.

List all sources of gross income, including wages, social security benefits, public assistance benefits, child support, alimony, etc. received and any other recurring income of a family member. You do not need to include any earned income (wages) received by you or any other family member who is under 18 years of age (or 18 and in secondary school) but must include any unearned income.

	Name	Income Source: Wage, Social Security, etc.	Amount	Received (Check One)		
				Yearly	Monthly	Weekly
1.						
2.						
3.						
4.						
5.						
6.						
7.						

## SECTION FIVE Applicant Notification and Signature

The individual signing this application may be asked to prove any or all of your statements. If we ask you to do this, we will tell you how to prove your statements.

We are asking for Social Security number(s) because any person applying for or receiving federal TANF services must give us his or her Social Security number; Social Security numbers are required under federal law (Section 409(a)(4) of the Social Security Act) and federal regulations (45 CFR 264.10). We may use Social Security number(s) to do computer matches with other programs to prove you are receiving these programs (for example, food stamps), to do a computer match to verify other information on the application, or to verify your alien status.

If you disagree with any decisions we make regarding your eligibility to the Summer Youth Employment program (SYE) services, you may have your certification reviewed by a person at a level above the person who made the first decision.

**By signing this, I and/or my parent or guardian, as applicable, are attesting under penalty of perjury, that all of the statements in this application (and documentation supporting the application) are true to the best of my/our knowledge and that I am willing to cooperate with any efforts to verify the information provided.**

I agree to participate in this program and the above statements:

**Applicant signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**If under 18-** I consent to my child/dependent participating in the SYE Program and attest to the above statements:

**Parent/Guardian signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

Or if applicable: **DSS Commissioner Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**The Commissioner of the Department of Social Services or his/her designee must sign for children in foster care.**