south florida Workforce
member: Employ Florida

CITY OF MIAMI GARDENS - HONORS INTERNSHIP PILOT PROGRAM (HIPP)
AMERICAN RECOVERY and REINVESTMENT ACT (ARRA)
WORKFORCE INVESTMENT ACT (WIA)
PRE-APPLICATION

PARTICIPANT NAME_____ **SOCIAL SECURITY #**_____

ADDRESS_____ **TELEPHONE #** ( ) _____

SCHOOL ATTENDING_____ **HIGHEST GRADE COMPLETED** _____

All persons wishing to participate in the South Florida Workforce Investment Board Summer Youth Employment Program must be determined eligible according to age and family economic status formulated by the United States Department of Labor. In order to meet this requirement; please supply the following information:

A. PROOF OF AGE/OTHER DOCUMENTATION (Between 16-21 years at the time of application)

DATE OF BIRTH_____ AGE_____ Name of Document Providing Proof_____
(MONTH/DAY/YEAR)

PROOF OF SOCIAL SECURITY #: Name of Document Providing Proof _____

_____ MALE ____ FEMALE MIAMI-DADE RESIDENT ____Yes ____No ETHNICITY _____

CITIZENSHIP_____ RESIDENCY _____ WORK AUTHORIZATION_____

Between the ages of 18-21 (males), must have registered with Selective Service: ____Yes ____No

PROOF OF HIGHEST GRADE COMPLETED: Name of document providing proof _____

B. STATUS (Enter (√) below for each item applicable (documentation required for below) :

____ Receive or is a member of a family that receives TANF, SSI or any cash welfare, state amount and kind: _____

____ A foster child or aging out of foster care or ward of the court

____ Received food stamps within the last six months

____ Veteran or spouse of a veteran

____ An individual with a disability or special needs (documentation required: disability status and income)

____ Homeless

____ Youth offender

____ In school youth

____ Out of school youth

____ Other

C. EARNINGS OF THE FAMILY (Family income received by each family member during the last six months):

INCLUDE: All gross wages and salary, before deduction, income from self employment (NET) and other income from sources such as rents, social security (OASIS) benefits, pensions, alimony, periodic income from insurance policy annuities, and government retirement payments. Examples of proof of income: pay stubs, bank statements (direct deposit), court award letters, public assistance records, W2, employer written statement, pension statement, alimony agreement, SS benefits letter, UI documents and printout, compensation award letter, housing authority written verification.

INCLUDE: Income from all persons living in the single household who are related to each other by blood, marriage or adoption, including step-children or step-parent. (Dependents not living in the residence but who can be claimed or were claimed as dependents on their parent/guardian Federal Income Tax for this year or the previous year). For other family members attach additional sheets. Family members names must he listed for all sources of support including those listed under Section B above.

FULL NAME	RELATIONSHIP	SS#	INCOME	SOURCE OF INCOME
		TOTAL		

NUMBER OF FAMILY MEMBERS LIVING IN HOUSEHOLD _____

D. EMPLOYMENT HISTORY OF LAST 6 MONTHS (<u>For each employment listed, a copy of a pay stub or other support document required</u>).

<u>YOUTH PARTICIPANT</u>

Employer		Employer Address		City	State	Zip Code
Job Title	**Hourly Rate**	**Begin Date**	**Ending Date**	**Telephone/Fax**		**Job Duties**
Employer		**Employer Address**		**City**	**State**	**Zip Code**
Job Title	**Hourly Rate**	**Begin Date**	**Ending Date**	**Telephone/Fax**		**Job Duties**

<u>MOTHER</u>

Employer		Employer Address		City	State	Zip Code
Job Title	**Hourly Rate**	**Begin Date**	**Ending Date**	**Telephone/Fax**		**Job Duties**
Employer		**Employer Address**		**City**	**State**	**Zip Code**
Job Title	**Hourly Rate**	**Begin Date**	**Ending Date**	**Telephone/Fax**		**Job Duties**

<u>FATHER</u>

Employer		Employer Address		City	State	Zip Code
Job Title	**Hourly Rate**	**Begin Date**	**Ending Date**	**Telephone/Fax**		**Job Duties**
Employer		**Employer Address**		**City**	**State**	**Zip Code**
Job Title	**Hourly Rate**	**Begin Date**	**Ending Date**	**Telephone/Fax**		**Job Duties**

OTHER FAMILY MEMBER

Employer		Employer Address		City	State	Zip Code
Job Title	Hourly Rate	Begin Date	Ending Date	Telephone/Fax		Job Duties
Employer		Employer Address		City	State	Zip Code
Job Title	Hourly Rate	Begin Date	Ending Date	Telephone/Fax		Job Duties

For other family members, attach additional sheets as necessary

INCOME CERTIFICATION: Please note that income will be checked against the employers listed above

E. Please complete the bottom signature section after reading the below statement:

I hereby attest that all information we have given on this form is to the best of our knowledge true, complete, and accurately reports the income of all persons living in our household. I UNDERSTAND THAT: 1) Misstatements or misinterpretations on my/our part of this form may be cause for dismissal from the youth program and possible actions for the collection of any pay received by the youth; 2) any one who makes a false statement or representation of facts in a determination of eligibility for the youth program may be committing a crime punishable by law and may be fined or put in jail for fraud and/or perjury; 3) should the applicant be determined technically ineligible for employment training in the youth program by the official verification process, the participant agrees to immediately relinquish SFW funded employment/training. I/we hereby give my/our approval for you to contact any employer listed for purposes of verification of employment and/or income.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

RELATION TO PARTICIPANT _____

PARTICIPANT SIGNATURE _____ DATE OF SIGNATURE _____

DO NOT WRITE BELOW THIS BOX (Must be completed by Service Partner)

ANNUALIZED EARNINGS IN SECTION B

Total Income for last 6 months	X2	TOTAL FAMILY INCOME

Eligible for Youth Employment Program _____YES _____ NO

Source of Income Verification: ____ Check Stub ____ SSI ____TANF ____ Other

Describe: _____

SERVICE PROVIDER:_____

Staff Certifying: _____ Title: _____

Signature: _____ Date: _____

DO NOT ALTER FORM