

Venice Community Housing Corporation YouthBuild Program

Date of application: _____

Full Name: _____ Social Security #: _____

Address: _____ City & State: _____ Zip Code: _____

Telephone: (Home) _____ (Cell) _____ Birth Date: _____ Age: _____

Ethnicity

- Hispanic or Latino
 Yes No

Race (Select one or more, as applicable)

- Black or African American American Indian or Alaska Native
- Asian Hawaiian Native or other Pacific Islander White

United States Citizen? () Yes () No If no, permanent resident () Yes () No Alien Registration Number: _____

How did you hear about our program? _____

Parent's information: Name/s _____ Address _____
Phone # _____

A. Educational History

Do you have a high school diploma? _____ GED? _____ Date Received _____

Highest grade completed? _____ Date last attended? _____

What high school(s) did you attend? Name _____ Location _____

B. Employment History

Dates of Employment	Employer	Address	Telephone
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Dates of Employment	Employer	Address	Telephone
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C. Community Activities (Please list any in which you have been involved)

D. Transportation

Do you own a vehicle? _____ If yes, do you have insurance on your vehicle? _____

Do you have: CA driver's license? _____ or CA ID? _____ If not, do you have a barrier to getting it in the next 3 months? _____ If yes, please explain: _____

E. Family Status

Are you married? _____ Single? _____ Do you have children? _____

If yes, what are your child(ren) age(s)? _____

Do you have custody of your child(ren)? _____ Do your children live with you? _____

F. Criminal Record

Do you have a criminal record? _____ If yes, is it juvenile? _____ Adult? _____

Are you on probation or parole? _____ If yes, what is the name and phone number of your probation or parole officer? Name _____ Address and Phone # _____

If on probation what kind is it? Formal _____ Summary _____

G. Medical History

Do you have any medical condition that you believe would prevent you from participating in any aspect of this program? _____ If yes, please explain: _____

H. Source of Family Income (Check all that apply)

No Income AFDC SSI Social Security General Assistance Employment Only
 Unemployment Insurance Food Stamps Veteran's Benefits

Number of family members, including applicant: _____

Total Annual Household Income: \$ _____

Applicant Statement: I understand that this eligibility certification form is a legal document and certify that the information on this form is true to the best of my knowledge. I acknowledge that such information is subject to verification and that falsification of the form shall be grounds for termination from the program. All such information will be kept confidential.

Applicant's Signature _____ Date _____

Please send to: **Venice Community Housing Corporation**
 720 Rose Ave.
 Venice, CA 90291
 310 399-4100 Ext. 124