



VENICE COMMUNITY HOUSING

WESTSIDE YOUTH ACADEMY PROGRAM APPLICATION

APPLICANT INFORMATION			
Last Name:	First:	M.I.:	Date:
Street Address:	Apt #:	Social Security #:	
City:	State:	Zip:	
Home Phone:	Cell Phone:	Date of Birth:	Age:
Ethnicity (Please check all that apply)	<input type="checkbox"/> Asian	<input type="checkbox"/> Hispanic or Latino	
	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> White	
	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Other (please specify)	
	<input type="checkbox"/> Hawaiian Native or other Pacific Islander		
Are you a citizen of the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, are you a permanent resident?	<input type="checkbox"/> Yes <input type="checkbox"/> No
A – Registration Number:	Are you a US Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Guardianship Information (if under 18)			
Name(s):		Address:	
		Phone Number(s):	

EDUCATIONAL HISTORY			
High School Diploma	<input type="checkbox"/> Yes <input type="checkbox"/> No	GED	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date Received:			
Highest Grade Completed	9 th <input type="checkbox"/>	10 th <input type="checkbox"/>	11 th <input type="checkbox"/>
Date Last Attended:			12 th <input type="checkbox"/>
High School Attended:		Address:	
From	To		
High School Attended:		Address:	
From	To		

EMPLOYMENT HISTORY			
Employer:		Phone:	
Address:		Supervisor:	
From	To	Responsibilities	
Employer:		Phone:	
Address:		Supervisor:	
From	To	Responsibilities:	

COMMUNITY ACTIVITIES
Please list any in which you have been involved:

FAMILY STATUS		
Married <input type="checkbox"/> Yes <input type="checkbox"/> No	Single <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have any children? <input type="checkbox"/> Yes <input type="checkbox"/> No
If you do have a child or children, please list their ages:		
Do you have custody of your child/children? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do your children live with you? <input type="checkbox"/> Yes <input type="checkbox"/> No	

CRIMINAL HISTORY		
Do you have a criminal record? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, is it juvenile? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If not juvenile, is it an adult record? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you on probation or parole? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please provide the following information if you are on probation or on parole		
Name of Probation or Parole Officer		Phone:
Address:		

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.

SOURCE OF FAMILY INCOME (CHECK ALL THAT APPLY)	
<input type="checkbox"/> No Income	<input type="checkbox"/> CalWORKs (AFDC) <input type="checkbox"/> SSI <input type="checkbox"/> Social Sec <input type="checkbox"/> General Assist
<input type="checkbox"/> Food Stamps	<input type="checkbox"/> Veteran's Benefits <input type="checkbox"/> Employment Only <input type="checkbox"/> Unemployment Benefits
Number of family members, including applicant:	
Total Annual Household Income	\$

REFERRAL SOURCE (CHECK ALL THAT APPLY)	
<input type="checkbox"/> Staff/Recruiter	<input type="checkbox"/> YB Participant <input type="checkbox"/> Family/Friend <input type="checkbox"/> Public Transport: _____
<input type="checkbox"/> WorkSource	<input type="checkbox"/> Probation/Parole <input type="checkbox"/> Online: _____ <input type="checkbox"/> Mail <input type="checkbox"/> Other: _____

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: _____

Submit to: Venice Community Housing or Marisol Perez
 200 Lincoln Blvd. 310-573-8415
 Venice, CA 90291 marisol@vchcorp.org