## Eligibility and Affirmation for Summer Youth Employment

| Na               | me: SSN:  |  |  |  |  |
|------------------|---|--|--|--|--|
| Street: Phone #: |   |  |  |  |  |
| Cit              | City: State: Zip Code:  |  |  |  |  |
| *                | Are you age 16 to 24? Yes 🗌 No 🗌 If yes, what is your date of birth?  |  |  |  |  |
|                  | If you are not age 16-24, you are not eligible for this program.  |  |  |  |  |
| 1.               | Does your household receive Family Assistance (TANF) benefits from the Alabama Department of Human Resources?<br>Yes 🔲 No 🗌   |  |  |  |  |
| 2.               | Does your household receive Food Assistance (SNAP) benefits from the Alabama Department of Human Resources?<br>Yes 🔲 No 🗌   |  |  |  |  |
|                  | ou answer yes to either question 1 or 2, skip to the affirmation. If both answers are no, please list your household size<br>I household income information for adults below. |  |  |  |  |

How many people are in your household?

|  | Enter the name. | relationship. and | aross income from waa | es and/or salarv f | for each famil | / member who is 19 or over. |
|--|-----------------|-------------------|-----------------------|--------------------|----------------|-----------------------------|
|--|-----------------|-------------------|-----------------------|--------------------|----------------|-----------------------------|

| Adult Family Member Name | Relationship to<br>Applicant | Monthly Gross Income<br>from Wages/Salary | Annual Gross Income<br>from Wages/Salary |
|--------------------------|------------------------------|---|--|
| 1.                       |                              |   |  |
| 2.                       |                              |   |  |
| 3.                       |                              |   |  |
| 4.                       |                              |   |  |
| 5.                       |                              |   |  |
| Total Fam                | \$                           |   |  |

AFFIRMATION: I certify under penalty of perjury that the information given above, including family size and gross income, is correct and true to the best of my knowledge. I further certify that all family members, including myself, are U. S. citizens or aliens in satisfactory immigration status. I understand that if I give incorrect/misleading information, I may have to pay for services that I received during my ineligibility.

| Applicant Signature   | _ Date |
|---|--------|
| Parent/Guardian Signature(If applicant is under age 19.)      | _ Date |
| Referring Agency Representative                               | Date   |
|   |        |
| For DHR Use Only:   |        |
| Applicant is eligible for Summer Youth Employment? Yes 🗌 No 🗌 |        |
| Certified by:   | Date   |

## Alabama Department of Human Resources Family Assistance Division Gross Income Table by Family Size 2025

## For use with Eligibility for TANF Services, Kinship Care, and SAIL

(Based on 200% of the 2025 Federal Poverty Guidelines)

| Size of      | Gross    | Gross     |
|--------------|----------|-----------|
| Family Unit* | Monthly  | Annual    |
| 1            | \$2,609  | \$31,300  |
| 2            | \$3,525  | \$42,300  |
| 3            | \$4,442  | \$53,300  |
| 4            | \$5,359  | \$64,300  |
| 5            | \$6,275  | \$75,300  |
| 6            | \$7,192  | \$86,300  |
| 7            | \$8,109  | \$97,300  |
| 8            | \$9,025  | \$108,300 |
| 9            | \$9,942  | \$119,300 |
| 10           | \$10,859 | \$130,300 |
| 11           | \$11,775 | \$141,300 |
| 12           | \$12,692 | \$152,300 |
| 13           | \$13,609 | \$163,300 |
| 14           | \$14,525 | \$174,300 |
| 15           | \$15,442 | \$185,300 |
| 16           | \$16,359 | \$196,300 |

\*For family units with more than 16 members add \$917.00 monthly or \$11,000 annually for each additional member.