

## Youth Third Party Support – Eligibility Form

I declare I provide the following support or assistance to the individual applying for Workforce Investment Act (WIA) services and/or funding listed below.

My Name: \_\_\_\_\_

WIA Applicant Name: \_\_\_\_\_

List the name(s) of all persons in the *household of the youth to whom you provide support/assistance.*

	<u>Name</u>	<u>Relationship</u>
1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____

### Type of Support or Assistance

Instructions:	<ol style="list-style-type: none"> <li>1. If you are paying mortgage payments or own the property in which the potential candidate for WIA funding is living, then check the box stating: "Own, No additional housing assistance provided."</li> <li>2. If you provide monetary assistance to pay rent or mortgage payments, then check the box stating: "Rental Assistance", then list the dollar figure provided.</li> <li>3. For all other items, check each box that applies to the assistance that you are providing, and list the dollar figure for that item.</li> <li>4. Total the items to show the Total Funding Provided for Household.</li> </ol>	
Check All that Apply	Type of Support	Monthly Dollar Amount
<input type="checkbox"/>	Own, No additional housing assistance provided	
<input type="checkbox"/>	Rental Assistance	\$
<input type="checkbox"/>	Utilities	\$
<input type="checkbox"/>	Daycare	
<input type="checkbox"/>	Food/School Lunch Money	\$
<input type="checkbox"/>	Personal Items (i.e., diapers, clothing, medical care, health and beauty items)	\$
<input type="checkbox"/>	Cash Support (This is any money given <u>directly</u> to the individual or family even if it is for the purpose of offsetting a specific bill or expense)	\$
<input type="checkbox"/>	Pay other bills or make payments on behalf of the individual or family.	\$
	<b>Total Funding Provided for Household</b>	<b>\$</b>

<p>For Information for Individual <b>Providing</b> Support, please read and sign:</p> <p>I understand my signature on this form is a declaration that information I have provided is true and correct. I understand I have the responsibility to report any changes in household support or income that may affect WIA eligibility of participant making application for funding assistance. <b><u>If any false or misleading information is provided herein, I am subject to immediate legal action and I will be held financially liable for any Program funds expended on the participant's behalf.</u></b></p> <p>Name (Please Print) _____</p> <p>City _____ State/Zip _____</p> <p>Telephone Number _____</p> <p>Provider Signature _____</p>	<p>Information for Individual <b>Receiving</b> Support, please read and sign:</p> <p>I understand my signature on this form is a declaration that information I have provided is true and correct. While my application is pending, I understand I have the responsibility to report any changes in my household that may affect eligibility. <b><u>If any false or misleading information is provided herein, I am subject to immediate termination, and I will be held financially liable for any Program funds expended on my behalf.</u></b></p> <p>Applicant's Name (Please Print) _____</p> <p>City _____ State/Zip _____</p> <p>Telephone Number _____</p> <p>Applicant's Signature _____</p> <p>Parent/Guardian Signature (if Applicant is under 18) _____</p>
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