

APPLICATION SIGNATURE REPORT (Fillable form)

Dear Applicant,

Thank you for applying for the City of Rochester's **Summer of Opportunity Program (SOOP)** and RochesterWorks! **Summer Youth Employment Program (SYEP)**.

All students are required to upload a photocopy of the following list of Supporting Documentation to the link below. Please do not mail or fax supporting documents, they will not be accepted; additionally, no originals will be accepted. Failure to upload proper documents will delay your application.

<p>Upload Documents by April 30, 2022</p>	<p>Please check email for the DocCollect link</p> <p>Need help with electronic signature? https://www.youtube.com/watch?v=3cdbQig-KeU</p> <p>*Application will not be processed until all required documents are submitted</p>
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List of Supporting Documentation (required):

- A photo ID (***within the last 2 years***)
- Your Social Security Card
- Your work permit (all applicants must be at least 14 years of age by May 31, 2022)
- Your most recent report card (This must be an official report card. A screenshot from your school portal or progress/interim report will not be accepted)
- Pages 2 and 3 of the Application Signature Report must be completed and signed
 - Section 1: applicant's signature (electronic signature is accepted)
 - Section 2: benefit information for families receiving public assistance **or**
 - Section 3: income information for families not receiving public assistance
 - Section 4: parent/guardian signature and information

APPLICATION SIGNATURE REPORT

CONFIDENTIAL INFORMATION - will not be shared outside the program

Section 1: For Student

I _____, have completed and truthfully answered all the questions on the application. I understand that I may be terminated from the program, if I have given any false information.

Student Signature: _____

Date: _____

The next section will ask about your household income. If you receive public assistance, proceed to section 2. If you do not receive public assistance, continue to section 3.

Please note: Proof of income may be requested. Be sure to complete all required sections. Missing information will delay your application.

Section 2: For Families on Public Assistance

Please enter the appropriate case number(s) for receiving benefits.

Family Assistance/Safety Net: Case # _____ HEAP: Case # _____

Medicaid: Case # _____ SNAP: Case # _____

SSI: Case # _____

If you do not receive public assistance, please move forward to Section 3

Section 3: For Families not on Public Assistance

List the gross income (income before taxes and deductions) of each family member who lives with you. Family members include your mother, father, stepmother, and stepfather. In addition, any brother or sister (including half-siblings) who are under 18 years of age or 18 and in secondary school. List all sources of gross income, including wages, social security benefits, child support, alimony, etc. received by any family member who is under 18 years of age (or 18 and in secondary school) but must include any unearned income.

Household Income (All sources, all members)

\$ _____ () per Year () per Month () biweekly () weekly

Size of household (Including Yourself) _____

What's your income source: i.e.: W-2s, paystub, social security etc.

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Section 4: Parent/Guardian

Is your child a U.S. citizen? () YES () NO

If no, please provide:

Alien # _____ Dates of Entry _____

Do you live within the limits of the City of Rochester? () YES () NO

Is your child a foster child? () YES () NO

Does your child have an Individual Education Plan I.E.P.? () YES () NO

*Access to the I.E.P. will be confidential and used to assist in making the most appropriate referral.

I give permission for my child to participate in the Summer of Opportunity or Summer Youth Employment Program, and for the program to contact my child's school to obtain additional information, and/or to conduct a background check, if necessary. Additionally, I agree to allow for the recorded image or for the voice of my child to be used for promotional materials, and I understand that neither I, nor my child will be compensated for them. I have truthfully answered the questions above. By signing this, I am swearing, under penalty of perjury, that all of the above statements are true and correct to the best of my knowledge and that I am willing to cooperate with any efforts to verify the information provided.

Parent/Guardian Signature: _____

Date: _____