



**Greetings Potential YouthBuild Participant:**

Thank you for your interest in West Jackson CDC 2020 YouthBuild Program.

YouthBuild is a youth and community development program that addresses core issues facing low-income communities: housing, education, employment, crime prevention, and leadership development. This program will require an 8-month daily commitment, Monday-Friday, 9 a.m. until 4 p.m. There will be an alternating schedule: two weeks in the classroom (working on GED/high school completion, leadership skills, vocational training, etc.) and two weeks in the construction field building, repairing, renovating homes and learning apprenticeship skills. This schedule will continue weekly for 8 months. We will also have Certified Nursing Assistant (CNA) and Fork Lift training and the opportunities to obtain certification.

In our YouthBuild program, young people ages 16-24 work toward their GED, leadership development and community awareness and action, learn job skills and serve their communities by building affordable housing, and transform their own lives and roles in society. At West Jackson CDC YouthBuild, we are focused on partnering with young adults in their own personal transformations by preparing them for the working and academic world. We will engage in social change through civic engagement, leadership development and community awareness and action.

In order to be considered for the YouthBuild Program, specific requirements must be met which is included in your application package. All information must be completed and submitted with your application by March 2, 2020. You may direct questions to Michelle Lewis, YouthBuild Program Manager at [michelle.lewis422@gmail.com](mailto:michelle.lewis422@gmail.com) or **(601)608-8521**

Sincerely,

Linda H. Carter  
CEO/Executive Director

Jackson YouthBuild is committed to providing the most inclusive service to achieve program goals for each participant. The following form must be completed. It is essential that you thoroughly fill out each item as directed.

1. Complete the form in LEGIBLE handwriting, using a blue or black pen.
2. Sign and Date. If under 18 a parent or guardian must also sign.
3. Mail or hand delivered to the West Jackson CDC office at 1328 Highway 80 West, Jackson, MS 39204.
- 4. If you have questions call (601)608-8521 ~ Mon-Fri 8am to 5pm**  
*\* Interviews are conducted by appointment only*

Name: \_\_\_\_\_  
Last First Middle

Nickname: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Apt. /Bldg.

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Alt #: \_\_\_\_\_

**Eligibility**

Gender:  Male  Female Age: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
Month Date Year

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Citizen Status (US Citizen):  Yes  No Authorized to Work in US:  Yes  No  
(present documentation)

Registered to Vote:  Yes  No Driver's License:  Yes  No

Registered for Selective Service:  Yes  No  Not Applicable  
(Note: If you are Male and 18 years old you must be registered)

Employment Status as of today:  
Employed full time:  Yes  No Employed part-time:  Yes  No

Have you ever been Employed:  Yes  No When/Where: \_\_\_\_\_

Unemployed (looking):  Yes  No Unemployed (not looking):  Yes  No

**Eligibility Continued**

Marital Status:  Single  Divorced  Married  Widowed  
 Separated  Domestic Partner

Household Income:  None  \$ 1 - \$ 10,000  \$10,001 - 20,000  
 \$ 20,001- 30,000  \$30,001- 40,000  \$40,001- and above

Public Assistance as of today (Indicate all that apply)  
 SSI  SSA  SSDI  TANF  Unemployment  
 Insurance  Food Stamps Public assistance/Non TANF  Disability SSI  
 Welfare for single adults or general assistance (GA)  No Benefits  
 Other government sources: \_\_\_\_\_  
*(Specify other Government Sources of Public Assistance)*

Check all that apply to you:

Migrant Youth  Low-income family  Youth in Foster Care  
 Aged out of Foster Care  Youth Offender  Child of Incarcerated Parent  
 Adult Offender  Immigrant  Homeless  Veteran  
 Referred by Guidance Counselor  
 Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Other (if other explain) \_\_\_\_\_

**Health**

Are you pregnant?  Yes  No

Do you have any physical, medical, or health problems?  Yes  No  
If yes, please describe: \_\_\_\_\_

Do you have a prescription to wear eyeglasses and/or contacts?  Yes  No

Do you have asthma?  Yes  No

Do you have Diabetes?  Yes  No

Have you ever had a physical examination? (Date) \_\_\_\_\_

### Criminal Justice History

Have you ever been convicted of a felony?  Yes  No  
Have you ever been convicted of a misdemeanor?  Yes  No  
Have you ever been arrested?  Yes  No  
Have you ever been in a juvenile detention center?  Yes  No  
Have you ever been incarcerated?  Yes  No  
Have you ever been on parole?  Yes  No  
Have you ever lost your voting rights?  Yes  No

If yes to any of the questions above, please describe and include dates, time and status of case:

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Are you on probation?  Yes  No

If yes, name, phone number and address of officer: \_\_\_\_\_

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### Substance Abuse History

Do you smoke?  Yes  No

(If yes, outside on approved breaks and lunch time only!!)

Do you have a history of alcohol abuse?  Yes  No

**If yes, are you currently undergoing substance abuse treatment?**  Yes  No

Have you ever had substance abuse treatment?  Yes  No

Check the following substances you are using.

Marijuana \_\_\_\_\_

Cocaine \_\_\_\_\_

Heroin \_\_\_\_\_

Other Illegal Substances? \_\_\_\_\_

If yes, are you currently undergoing substance abuse treatment?  Yes  No

Jackson YouthBuild will conduct random drug testing. Do you understand what random drug testing means?  Yes  No

### Additional Information

U.S. Military Service:  Yes  No

If yes, what branch? \_\_\_\_\_ Rank? \_\_\_\_\_ Discharge? \_\_\_\_\_

Dates? \_\_\_\_\_

Do you have any Construction Experience?  Yes  No

Explain if yes: \_\_\_\_\_

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High School Dropout:  Yes  No Last School Attended: \_\_\_\_\_

Dates Attended: \_\_\_\_\_ Highest School Grade **Completed**: \_\_\_\_\_

Number of years out of school prior to today: \_\_\_\_\_ Do you have your GED? Yes No

***I HEREBY CERTIFY THAT THE ANSWERS GIVEN BY ME ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. IT IS UNDERSTOOD AND AGREED UPON THAT ANY MISREPRESENTATION BY ME IN THIS APPLICATION WILL BE SUFFICIENT CAUSE FOR CANCELLATION OF THIS APPLICATION. I GIVE JACKSON YOUTHBUILD THE RIGHT TO INVESTIGATE ALL ANSWERS TO THIS APPLICATION AND SECURE ADDITIONAL INFORMATION RELATED TO ME, IF PROGRAM RELATED, AND I HEREBY RELEASE FROM LIABILITY THE JACKSON YOUTHBUILD PROGRAM AND ITS REPRESENTATIVES FOR SEEKING SUCH INFORMATION AND ALL OTHER PERSONS, CORPORATIONS, OR ORGANIZATION FOR FURNISHING SUCH INFORMATION.***

**STUDENT SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_**  
*(ALL APPLICANTS UNDER 18 YRS. MUST ALSO HAVE A PARENT OR OFFICIAL GUARDIAN SIGNATURE)*

**PARENT/GUARDIAN NAME: \_\_\_\_\_**

**PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_**



## West Jackson CDC YouthBuild ELIGIBILITY REQUIREMENT CHECKLIST

These documents are required to be submitted prior to enrollment into the YouthBuild program. Failure to submit these documents by the due date, will forfeit your enrollment as a YouthBuild participant.

- SOCIAL SECURITY CARD
- MS State ID OR DRIVER'S LICENSE
- BIRTH CERTIFICATE
- HOUSEHOLD INCOME Form with Documentation and Proof of Income
- SELECTIVE SERVICE COMPLIANCE CARD (males 18 or older only)  
*You can register at any post office, online at [www.sss.gov](http://www.sss.gov),*
- HIGH SCHOOL **DROP-OUT** FORM (*Withdrawal not accepted*)
- YOUTHBUILD APPLICATION (attached)



**Programs offered at West Jackson Community Development Corporation**  
*\*1328 Highway 80 West, . Jackson, MS 39204 (601)608- 8521 \**

**Household Income Form**

<b>Part I. HOUSEHOLD COMPOSITION</b>				
<b>Household Member #</b>	<b>Name</b>	<b>Relationship to Head of Household</b>	<b>Age</b>	<b>F/T Student (Y or N)</b>
<b>1</b>		<b>HEAD</b>		
<b>2</b>				
<b>3</b>				
<b>4</b>				
<b>5</b>				
<b>6</b>				
<b>7</b>				
<b>8</b>				

<b>Part II. GROSS ANNUAL INCOME (USE ANNUAL AMOUNTS)</b>						
<b>Household Member #</b>	<b>(A) Employment or Wages</b>	<b>(B) Social Security/Pension</b>	<b>(C) Income From Assets</b>	<b>(D) Payments In Lieu</b>	<b>(E) Alimony/Child Support</b>	<b>(F) Other Income</b>
<b>1</b>						
<b>2</b>						
<b>3</b>						
<b>4</b>						
<b>5</b>						
<b>6</b>						
<b>7</b>						
<b>8</b>						
<b>Totals</b>	\$	\$	\$	\$	\$	\$

**Total Income \$ \_\_\_\_\_**

**We will accept the following documents for verification of income:**

- Completed and signed U.S. Individual income tax returns (i.e., Internal Revenue Service 1040 Forms 2010 year)
- Year-Ended wage and tax statements (i.e., Internal Revenue Service W-2 Forms)
- Paychecks with the accompanying earnings/deductions statements (must include person's name for verifications and must be dated within three months prior to the date of the application.)
- Completed and properly executed verification of employment letters (must be signed and dated by employer, must include person's name for verification, and must be dated three months prior to the date of the application.)
- Social Security Supplemental Income Notices
- Financial statements verifying payments received from annuities, pensions, insurance policies, etc.
- Financial statements verifying stock portfolio earnings, dividends, and other interest income.
- Letters or case management forms from public assistance agencies.
- Approved HUD section 8 certificates
- State housing agency (e.g., Department of Community Affairs) verifications of income
- Court orders verifying alimony awards and child support payments.
- Please include all income for each household member 18 years old and older that are living in the home.