



Urban Restoration Enhancement Corporation

2016 North Baton Rouge (NBR) Youth Development Program

Please type or print. Send the completed application and required documents to info@urecbr.com.

Applicant Information:

Last Name		First	Middle
Street Address		City	State Zip Code
Date of Birth	Sex (M or F)	Ethnicity (race)	Social Security Number (required)

School Information

School Name	School District	Grade Level	GPA (NBR Youth Development Applicants)
Street Address		City	State Zip Code

Parental/ Guardian Information

Last Name		First	Relationship to Applicant
Street Address		City	State Zip Code
Home Phone Number		Work Number	
Age	Education Level (Highest Grade level completed)	Employer	Gross Monthly Income
Family Type (Single Parent Household, Two Parent Household or Other)			Household Total

Emergency Contact

Name	Relationship to Applicant	Contact Number
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Medical Information

Insured's Last Name First Name Relationship to Applicant

Home/Mailing Address (if different from applicant) Contact Number

Physician's Full Name Address Telephone Number

Insurance Carrier's Name Insured's ID Number Group Number

Please describe any health or physical limitations the applicant has above.

Does the applicant have any allergies? If so, please describe.

Is the applicant currently taking any medications? If yes, please list all medications.

Are you requesting accommodations for the disabled? If yes, please describe.

Parental/ Guardian Questionnaire

(Please answer the following questions to assist UREC in providing quality services to your youth participant)

1. Please select three skills or areas you would most like to see your youth participant improve on while participating in UREC's youth programs.

- a) Academics (what subjects) _____
- c) Communication/ Public Speaking
- e) Personal Adjustment
- g) Responding to Peer Pressure
- i) Positive thinking/ Attitude
- k) Job/ Work Readiness Skills
- m) Community Service learning

- b) Social skills
- d) Time Management
- f) Improved school attendance
- h) Drug/ Alcohol Prevention/ Abstinence Education
- j) Respecting adults/ superiors
- l) Leadership Development
- n) Teambuilding/ team work activities

2. How did you hear about UREC's Youth Programs? (circle one)

- a) UREC Office
- b) Advertisement: Radio/ Newspaper/ TV
- c) School: _____
- d) Reference: _____
- e) Other: _____





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Community Development Block Grant (CDBG) SELF-DECLARATION OF INCOME

CDBG Applicant Name: _____

This activity is assisted with federal Community Development Block Grant (CDBG) fund which are intended to primarily benefit low to moderate income households (LMI). This requires that the Applicant certify the amount of their annual household income in order to participate in the program. Applicant should not provide his or her signature unless he or she has read and understands the income information they are certifying under penalty of law. At the discretion of the program, Applicant may be required to provide documentation to support the self-declaration of income. Additional questions on ethnicity, race, sex, householder status, and age are used in federal reports to ensure non-discrimination in provision of federal assistance, and in targeting assistance.

APPLICANT INFORMATION

Applicant Name: _____ Social Security Number: _____ - _____ - _____

Applicant Address: _____

City: _____ Zip: _____

Telephone Number: (____) _____ Ethnicity (*Check One*): Hispanic or Latino Not Hispanic or Latino

Race: (Check all that apply):
 American Indian or Alaska Native
 Asian
 Black or African American
 Native Hawaiian or Other Pacific Islander
 White

Sex: Male or Female Age: _____ Head of Household Yes No

Number of persons living in household: _____





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APPLICANT SELF DECLARATION CERTIFICATION

This is to certify the income status for the above named individual. Income includes but is not limited to:

- The full amount of gross income earned before taxes and deductions.
- The net income earned from the operation of a business, i.e., total revenue minus business operating expenses. This also includes any withdrawals of cash from the business or profession for your personal use.
- Monthly interest and dividend income credited to an applicant's bank account and available for use.
- The monthly payment amount received from Social Security, annuities, retirement funds, pensions, disability and other similar types of periodic payments.
- Any monthly payments in lieu of earnings, such as unemployment, disability compensation, SSI, SSDI, and worker's compensation.
- Monthly income from government agencies excluding amounts designated for shelter, and utilities, WIC, food stamps, and childcare.
- Alimony, child support and foster care payments received from organizations or from persons not residing in the dwelling.
- All basic pay, special day and allowances of a member of the Armed Forces excluding special pay for exposure to hostile fire.

Check only one box and complete only that section

I certify, under penalty of perjury, that I currently receive the following income:

Source: _____ Amount: _____ Frequency: _____
 Source: _____ Amount: _____ Frequency: _____
 Source: _____ Amount: _____ Frequency: _____

CDBG Applicant Signature: _____ Date: _____

I certify, under penalty of perjury, that I do not have any income from any source at this time. Applicant acknowledges that Title 18, Section 1001 of the U.S. Code states that any person that makes intentional or negligent statements to any department of the United States Government is guilty of a felony that could result in but not be limited to a fine, imprisonment, or both.

CDBG Applicant Signature: _____ Date: _____





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CDBG Staff Only:

Project/Activity Name: _____

HUD Income guidelines used to certify client dated: _____

HUD maximum income allowance based upon the size of household is \$ _____

Based upon client information provided, client household (*check one*):

Not low income Low income Very Low income Extremely Low income

Contact Amount: \$ _____

Benefit: LMI LMA

Accomplishment Type:

P.O. # _____ IDIS # _____

CDBG Staff Signature: _____ Date: _____

