



Membership Application

2204 E Jackson St. Hugo, OK 74743 | 580-326-9490 | www.littledixie.org

Applicant Information:

Name:

Date:

Residential Address:

City:

State:

Zip Code:

Date of Birth:

Current Age:

U.S. Citizen

Yes

No

E-mail Address:

Home Phone:

Cell Phone:

Facebook Name:

Shirt Size:

Shoe Size:

Gender:

Male

Female

Marital Status:

Single

Married

Do you identify as LGBTQ?

Yes

No

Prefer Not to Answer

Ethnicity: Check all that apply

African-American

Asian

Hispanic

Native American

Caucasian

Other (Please Specify)

How many total people live in your home?

Do you have children?

Yes

No

of Children

Does the child(ren) live with you?

Yes

No

Do you have reliable childcare?

Yes

No

If so, who?

Have you been homeless in the past year?

Yes

No

Little Dixie Community Action Agency, Inc.

Rebecca Reynolds, Executive Director

William Smith, Board Chairman

209 North 4th - Hugo, OK 74743
Telephone: 580-326-3351

www.littledixie.org
Fax: 580-326-2305

TDD/TTY #711

INCOME VERIFICATION REQUEST

Date:

Company/Department/Name: **Little Dixie Community Action Agency/ Youth Build**

Email: jreich@littledixie.org

I am reaching out to you to verify employment on the individual below and sincerely appreciate your time to respond as soon as possible.

EMPLOYMENT VERIFICATION FOR:

Employee's Full Name: _____

Employee SSN: (last 4 only): _____

Please answer the following:

1. This individual is currently employed by your company? **Please circle one: Yes or No**
2. Job Title _____
3. Employment Date: _____ Date Employment Ended: _____
4. Base Pay: \$_____ please **circle one: Hour, Week, Monthly, and Semi-Monthly**
5. Type of employment: Please let us know if the employee is **Full Time, Part Time or Seasonal.**
If Part Time, how many hours per week? _____
6. Name/Position of individual completing this form: _____

Signature of Person Completing this Form

Please confirm your Company Name & Address:

Consent: I, _____ consent to this request to verify my Income.

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DECLARATION OF NO INCOME

I hereby declare that I have not received any income for any month(s) in the year 2021.

Name: _____

Address: _____

Date of Birth: _____

Reasons I have no income for this year is due to: (Please mark all that apply)

Live with Parent or Guardian: _____

Attend School: _____

Obtaining GED: _____

Other: _____

I certify that the information contained above is complete and accurate to the best of my knowledge. I understand that I am signing this statement if I knowingly provide any false information, could result in assistance or services for which I am not eligible.

Signature: _____

Date: _____

Agency Representative: _____

Date: _____

Which of the following is closest to your households annual income?	\$0 - \$5,000	Current Living Status:	With my family
	\$5,001 - \$10,000		Alone or with roommates (I pay rent)
	\$10,001 - \$15,000		With Friends (Steady)
	\$15,001 - \$20,000		It changes all the time based on who will take me in.
	\$20,001 - \$25,000		Other (Please specify)
	\$25,001 - \$30,000		
	\$30,001 - \$35,000		
	\$35,001 - \$40,000		
More than \$40,000			

Are you a Veteran of the United States Armed Service or the Spouse of a Veteran?	Yes	Do you receive public assistance?	Yes	Are you registered to vote?	Yes
	No		No		No
Do you have food stamps?	Yes	Do you live in public housing?	Yes	Are you or have you ever been in foster care?	Yes
	No		No		No
Are you a migrant youth?	Yes	Are you the child of an incarcerated parent?	Yes		
	No		No	No	

Emergency Contact Information:

Contact Person:		Relationship to Applicant:	
Address:	State:	Zip Code:	
Home Phone:	Cell Phone:	E-mail:	

Transportation Information:

Do you have transportation to and from YouthBuild?	Yes	How will you get here daily?	
	No		
Do you have a valid Drivers License?	Yes	Do you own a car?	Yes
	No		No
			No

Education Information:

Did you drop out of school?	Yes	Highest grade completed in school?	If you enroll in college, will you be a first generation enrollee?	Yes
	No			No
	If yes, when?			

Last School
Attended:

Why did you drop
out of school?

Work History:

Have you ever had a job before? Yes No Where?

Dates you worked this job: What was your hourly pay? Why did you leave?

Did you work in the 6 months prior to enrolling in YouthBuild? Yes No

If yes, please answer the following questions.

Name of Company: Company
Phone Number:

Hourly Wage: Working Status: Part-Time Full-Time Please describe this working experience:

What are you interested in doing as a career?

Health Information:

Do you have any physical, medical or health problems that can interfere with your work? Yes No
If yes, please describe:

Do you identify as having a disability? Yes No Do you have health insurance? Yes No

Do you have Medicaid? Yes No Do you smoke? Yes No

Please note YouthBuild is a SMOKE FREE CAMPUS and smoking is not allowed on any property, work-site or function.

Do you wear eyeglasses? Yes No Do you have any illegal substance use or abuse issues? Yes No

Are you currently in a program for an addiction such as cigarettes, alcohol or drugs? Yes No

Criminal Record Information:

Answering yes to any of the questions below will **NOT** disqualify you from YouthBuild.

Have you ever been arrested? Yes No

Do you have any pending warrants/sentencing or court dates? Yes No

Have you ever been convicted of a misdemeanor? Yes No

Have you ever been convicted of a felony? Yes No

Please describe and include all dates and status of cases.

Are you on probation? Yes No
If so, Officer Name

Are you on parole? Yes No
If so, Officer Name

Estimated Gross Income Computation:

List all household members (including applicant and children). For each individual, list ALL sources of income and amounts for the entire 6 months prior to the application date. You will need to show proof of income (see following pages).

Full Name	Age	Relationship	Income Source	Gross Monthly Income
		Applicant		

Additional Information:

How did you hear about youth build?

YouthBuild Alumni

YouthBuild Current Student

YouthBuild Staff Member

Social Media

Judge/Justice System

Friend/Family

School System

Other:

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6. Name/Position of individual completing this form: _____

Signature of Person Completing this Form

Please confirm your Company Name & Address:

Consent: I, _____ consent to this request to verify my Income.

Required Documentation:

Necessary documentation to be submitted with the application.

- _____ Birth Certificate
- _____ Photo ID (Driver or Non-Driver)
- _____ Social Security Card
- _____ School Records/Drop Slip from Last School Attended
- _____ Proof of Income i.e., check stub, tax return, food stamp documentation, etc.
- _____ Probation/Parole/Court Documentation - IF APPLICABLE
- _____ Insurance Card/Medical Card - IF APPLICABLE

By signing this application, I submit that I have answered all of the questions accurately. I understand that false information on this form may be grounds for denial of entry to the program or dismissal from the program. I understand that information in this application will be reviewed and verified. In the event any information is intentionally falsified, by myself, or anyone providing information on my behalf, I understand I may be terminated from the program after acceptance or disqualified before acceptance.

I grant permission to Little Dixie YouthBuild to verify any and all information contained within this application. Little Dixie YouthBuild will also be authorized to exchange pertinent information during the application process with any school, health provider, social service agency, employer, youth or criminal justice system that I have come in contact with, in order to evaluate or assist me. All information gathered by Little Dixie YouthBuild, on my behalf, will remain confidential.

I also give permission for any photos taken during Little Dixie YouthBuild Program to be utilized for promotional processes.

(Signature)

(Date)

(Parent/Guardian if under 18 years old)

(Date)

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