

# Fort Wayne Housing Authority YouthBuild Member Application



## OVERVIEW

### Residency Requirement

At least 80% of members must live in one of the following zip codes at time of enrollment: 46805, 46815, 46803, 46774, 46806, 46807, 46816, 46745, 46819

### Membership Requirements

Members must meet the following criteria at time of enrollment:

- 1) Is between the ages of 16 and 24 on the date of enrollment; and
- 2) Is a member of a low-income family (including youth experiencing housing instability), and/or a youth in foster care (including youth aging out of foster care), and/or a youth involved in the justice system and/or a youth who is an individual with a disability, and/or a child of an incarcerated parent, and/or a migrant youth; and
- 3) Left high school prior to graduation, or an individual who left high school prior to graduation and has subsequently reenrolled

Priority is given to Veterans and Spouses of Veterans.

## REQUIRED DOCUMENTATION

Attach the following documents to this application. *All documents must be dated within 90 days of enrollment date.*

- Copy of State ID/Driver's License
  - Copy of Social Security Card
  - High School withdrawal verification
  - Official Transcripts
  - Personal Statement (instructions below)
  - Proof of address/residency
    - Copy of State ID/Driver's License
- OR TWO OF THE FOLLOWING
- Monthly utility bill
  - Bank statement
  - Signed lease/rental agreement/mortgage statement
  - Renter's or Homeowner's insurance statement

### APPLICATION DEADLINE

Applications and all supporting documentation must be submitted by the end of Orientation via email

[youthbuild@fwha.org](mailto:youthbuild@fwha.org)

or in person to

7315 Hanna St., Fort Wayne, IN 46816

For application support, submissions or questions call or text us at:  
260-409-5050

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## BACKGROUND INFORMATION

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

GENDER	RACE	ETHNICITY
<input type="checkbox"/> Male	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Hispanic or Latino
<input type="checkbox"/> Female	<input type="checkbox"/> White or Caucasian	<input type="checkbox"/> Not Hispanic or Latino
<input type="checkbox"/> Other	<input type="checkbox"/> American Indian or Alaskan Native	
	<input type="checkbox"/> Asian	
	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	

ARE YOU A U.S. CITIZEN?    YES     NO

## FAMILY DATA

WHO HAS LEGAL CUSTODY OF MEMBER/APPLICANT?

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> N/A, I'm a legal adult (18+) | <input type="checkbox"/> Grandparent        | <input type="checkbox"/> Emancipated Minor       |
| <input type="checkbox"/> Mother                       | <input type="checkbox"/> Stepmother         | <input type="checkbox"/> DHS Custody/Foster Care |
| <input type="checkbox"/> Father                       | <input type="checkbox"/> Stepfather         |  |
| <input type="checkbox"/> Other Legal Guardian         | <input type="checkbox"/> Juvenile Probation |  |

ANNUAL HOUSEHOLD INCOME

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> None           | <input type="checkbox"/> \$10,001 - \$20,000 | <input type="checkbox"/> \$30,001 - \$40,000 |
| <input type="checkbox"/> \$1 - \$10,000 | <input type="checkbox"/> \$20,001 - \$30,000 | <input type="checkbox"/> \$40,001 or higher  |

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## PERSONAL HISTORY

HIGHEST GRADE LEVEL COMPLETED	DEPENDENCE & PUBLIC ASSISTANCE:	Y	N	EXPLAIN
<input type="checkbox"/> 9 <sup>th</sup> grade  <input type="checkbox"/> 10 <sup>th</sup> grade <input type="checkbox"/> 11 <sup>th</sup> grade  <input type="checkbox"/> 12 <sup>th</sup> grade <input type="checkbox"/> OTHER _____	DO YOU LIVE ALONE?			
	DO YOU LIVE WITH PARENTS/GUARDIANS?			
	DO YOU HAVE ANY DEPENDENTS?			
	IF YOU HAVE DEPENDENTS, HOW MANY?			
	DO YOU LIVE WITH CHILDREN? (SIBLINGS, NIECES, NEPHEWS, ETC?)			
	DO YOU LIVE WITH YOUR OWN CHILD/CHILDREN?			
<b>SUBSTANCE USE</b>  <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> METHAMPHETHAMINE <input type="checkbox"/> PRESCRIPTION PILLS <input type="checkbox"/> COCAINE <input type="checkbox"/> OTHER _____	DO YOU (OR ANY MEMBER OF YOUR HOUSEHOLD) RECEIVE PUBLIC ASSISTANCE?			
	ARE YOU A FOSTER CHILD <u>OR</u> AGING OUT OF FOSTER CARE?			

DO YOU HAVE A HIGH SCHOOL DIPLOMA OR EQUIVALENT?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
IF NO, WHY NOT?		

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## ACKNOWLEDGEMENTS

I have read and understand each application item thus far and certify that the information is true and accurate to the best of my knowledge. I further realize that falsified information may result in the rejection of this application and subsequent termination from services.

APPLICANT SIGNATURE \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

INTERVIEWER SIGNATURE \_\_\_\_\_