



**CITY OF KENNER**  
OFFICE OF COMMUNITY DEVELOPMENT

MICHAEL J. GLASER  
MAYOR

TAMITHIA P. SHAW, ESQ.  
DIRECTOR

**After School Homework Assistance & Youth Enrichment Program**  
**Application**

*Please complete all information requested and return along with copies of all required documents.*

**STUDENT INFORMATION:**

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

School Currently Attending: \_\_\_\_\_ Grade: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  Male  Female

Home Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Secondary Phone Number: \_\_\_\_\_

Mother's Name/Guardian: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Father's Name/Guardian: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Case of Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Which after school program site will the student attend: (Check one)**

- MLK Resource Center  Hispanic Resource Center

**Name of other siblings applying to attend the program:**

**Second Child:**

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

School Currently Attending: \_\_\_\_\_ Grade: \_\_\_\_\_

**Third Child:**

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

School Currently Attending: \_\_\_\_\_ Grade: \_\_\_\_\_

**HOUSEHOLD INFORMATION:**

You are required to provide proof of your household income. Acceptable documents for each person living in the home include (as applicable) copies of:

- a. Four (4) most recent paycheck stubs for all household members
- b. Copy of current Benefit Letter from Social Security, VA, Pension/Retirement, Child Support, Unemployment, Workmen's Compensation, etc. (if applicable)
- c. Copy of Food Stamp Program Record (AFDC/Welfare) (If applicable)

**List below the income(s) of: Head of household and all household members who live in the home.**

List income from all sources - Income includes, but is not limited to:

- Public or general assistance, all wages and salaries, overtime pay, commissions, fees, tips and bonuses, and other compensation for personal services.
- Income from the operation of a business or profession.



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- Income from interest and/or dividends.
- All gross payments received from Social Security, Supplemental Social Security benefits, VA Benefits, unemployment compensation, cash gifts, Annuities, insurance policies, retirement funds, pensions, disability awards, prizes, alimony, child support, and any income from rental property.

Number of persons currently living in the home: \_\_\_\_\_ Adults: \_\_\_\_\_ Children: \_\_\_\_\_

Marital Status:     Single     Married     Separated     Divorced     Widowed

Name	Relationship	Age	Household Race	Household Type	Monthly Income	Hispanic Y/N
<i>EX. John Smith</i>	<i>Self</i>	<i>81</i>	<i>11</i>	<i>2</i>	<i>\$658</i>	<i>N</i>

**Household Type**

- 1-Single, non-elderly
- 2-Elderly
- 3-Single Parent
- 4-Two Parent
- 5-Other

**Household Race**

- 11-White
- 12-Black or African American
- 13- Asian
- 14-American Indian or Alaska Native
- 15-Native Hawaiian or Alaska Native & White
- 16-American Indian or Alaska Native & White
- 17-Asian & White
- 18-Black or African American & White
- 19-American Indian or Alaska Native & Black or African American
- 20-Other Multi Racial

The undersigned being warned that willful false statement and the like are punishable by fine or imprisonment or both, under 18 U.S.C. 1001, and that such willful false statements and the like may jeopardize the validity of the application or document or any registration resulting therefrom, declares that all statement made of his/her own knowledge are; and statement made on information and belief are believed to be true. I authorize the City of Kenner and/or its Subrecipients to verify any information I have given to obtain required verification to qualify for any program administered with federal funds.

**THIS IS A PRELIMINARY INTEREST FORM AND FILLING OUT THE FORM DOES NOT GUARANTEE THAT YOU WILL RECEIVE ANY ASSISTANCE FROM THE CITY.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Return the completed application and backup documents to one of the following address:

Martin Luther King Center  
1042 31<sup>st</sup> Street  
Kenner, LA 70065  
(504)466-0697

Hispanic Resource Center  
4312 Florida St.,  
Kenner, LA 70065  
(504)469-2571

Community Development  
624 Williams Blvd.  
Kenner, LA 70062  
(504)468-7588