

AGENCY LETTERHEAD

Date: _____

Applicant Name: _____

Applicant DOB: _____

Applicant Address: _____

SAMPLE

This letter certifies that ___ (Applicant Name, DOB) ___ is applying to the 2020 Summer Youth Employment Program (SYEP). The applicant is ___ (please insert relevant agency language i.e. in the care and custody of Agency Name).

This letter will serve as verification of the applicant's eligibility for the Special Initiative service option of SYEP.

Please note if this box is checked, the applicant is verified as having no income and therefore has entered \$1 on their application.

If you have any questions, please feel free to contact me at the information below.

Sincerely,

Case Worker/Responsible for Submission Name

[Title]

[Phone Number]

[Email Address]

Agency Point Person

[Title]

[Phone Number]

[Email Address]