CALIFORNIA LATINO LEADERSHIP INSTITUTE

Presents

Monthly PAID Internship Program



For College Students residing in South Gate

Full time college students at accredited institutions are eligible to apply for our month long internship program.

62.5 HOURS = $1,000

Internships In

The South Gate Chamber of Commerce

Inquire today:

info@southgatecc.org | www.southgatecc.org

CALIFORNIA LATINO LEADERSHIP INSTITUTE

SOUTH GATE INTERNSHIP PROGRAM

ALL OF THE ITEMS BELOW MUST BE COMPLETE BEFORE SUBMITTING TO CLLI (LISA BACA)

APPLICANT CHECKLIST

1. _____ 2025 - 2026 INTERNSHIP APPLICATION FORM *(1 PAGE)*

2. _____ PARTICIPATION DATA FORM - COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM 2025-2026 *(2 PAGES)*

3. _____ W-4 COMPLETED FORM *(1 PAGE)*

4. _____ COPY OF PHOTO ID/DL OR PROOF OF RESIDENCY IN SOUTH GATE, CALIFORNIA. *(1 PAGE)*

5. OTHER _____

REVIEWER NAME: _____ **DATE:** _____

ORGANIZATION: _____

TOTAL PAGES: _____ **INCLUDING COVER** _____

CLLI 2025-26 SOUTH GATE COLLEGE INTERNSHIP APPLICATION

Please complete THREE (3) FORMS 1. **Application,** 2. **CDBG participant data form and** 3. **W-4.**
(PLEASE USE **PEN** ON THIS PAGE AND **PRINT LEGIBLY**. Email to Lisa Baca clli.baca@gmail.com

TODAY'S DATE: _____

NAME: _____
(First, Middle & Last)

EMAIL: _____ **TEL:** (_____) _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

Estimated 2025 Family Annual Income: _____

(Please also complete the CDBG Income form) eligibility requirements:

Please provide at least one of the following:
☐ Copy of any State or Federal Benefits Card ☐ Disability- Disability Benefit Statement
-CalFresh; MediCal; Social Security; etc. ☐ Federal Tax Forms ☐ Paychecks for 3 months

COLLEGE INFORMATION: (2024-2025 Academic Year) Please check one:

_____Freshman _____ Sophomore _____ Junior _____Senior

COLLEGE INFO: Please indicate which academic institution you are affiliated with:

College Name: _____

College Address: _____

Our 2025-2026 Program will focus on the South Gate Chamber of Commerce. Interns will be paid a Stipend of $1000 for 62.5 hours of work, paid at the rate of $16. Per hour. Signed time sheets will be kept by the Chamber Office staff.

APPLICATION CERTIFICATION: ***I certify that all information and statements in this application are true and correct. I understand that the information in the application may be verified.***

X_____ _____
PARTICIPANT SIGNATURE DATE

PRINT YOUR NAME: _____

City of South Gate

Community Development Block Grant Program 2025 – 2026

PARTICIPATION DATA FORM

ORGANIZATION/PROGRAM	

PARTICIPANT INFORMATION

Participant Name		
Address		
Phone Number		

HOUSEHOLD COMPOSITION AND INCOME – PLEASE ENTER THE REQUIRED INFORMATION FOR ALL HOUSEHOLD MEMBERS:

List all household members		Age	Relationship to Head of Household (Spouse, Child, etc.)	Annual Income Check all that Apply (from all sources)	Signature
Head of Household				$_____ Source:	
Name Member 2				$_____ Source:	
Name Member 3				$_____ Source:	
Name Member 4				$_____ Source:	
Name Member 5				$_____ Source:	
Name Member 6				$_____ Source:	
Name Member 7				$_____ Source:	
Name Member 8				$_____ Source:	
Total Household Income				$_____	

ADDITIONAL PARTICIPANT INFORMATION

Are you currently homeless?	☐ Yes	☐ No	
Are you a senior?	☐ Yes	☐ No	
Do you receive income from any of these sources?	☐ CalWorks	☐ CalFresh	☐ MediCal
	☐ Social Security	☐ General Assistance	☐ Other:

RACE AND ETHNICITY INFORMATION

This program is funded in part, by the U.S. Department of Housing and Urban Development (HUD.
The following demographic information is collected for reporting purposes only. It is not intended for public dissemination.
Please fill in the following information:

1. Head of Household (Check One): ☐ Female ☐ Male
2. Ethnic Background (Check One): ☐ Hispanic ☐ Non-Hispanic
3. Racial Background (Check One):

☐ White
☐ Black/African American
☐ Asian
☐ American Indian/Alaskan Native
☐ Native Hawaiian/Other Pacific Islander
☐ American Indian/Alaskan Native & White
☐ American Indian/Alaskan Native & Black/African American
☐ Asian & White
☐ Black/African American & White
☐ Other Multi-Racial

According to Title 18, Section 1001 of the U.S. Code, it is a felony for any person to knowingly and willingly make false or fraudulent statements to any department of the United States Government. I, the undersigned, hereby certify that all statements contained herein are true and correct to the best of my knowledge and belief. I understand that the information I provide in this certification is subject to verification, and I agree to provide the necessary documentation if requested.

Under penalty of perjury, I declare that the above information is true and accurate.

_____ _____
Applicant Signature Date

Staff Use Only

Proof of Residence Documentation (Please Check One):

Photo Identification: ☐ Utility Bill: ☐ Other: ☐

Total Household Income (please Check One):

Extremely Low ☐ Very Low ☐ Low ☐

I certify that the documentation presented confirms the information provided on the Participant Data form.

Staff Name: _____

Staff Signature: _____ **Date:** _____

Form **W-4**

Department of the Treasury
Internal Revenue Service

Employee's Withholding Certificate

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.
Give Form W-4 to your employer.
Your withholding is subject to review by the IRS.

OMB No. 1545-0074

2025

Step 1: Enter Personal Information

(a) First name and middle initial	Last name	(b) Social security number
Address		**Does your name match the name on your social security card?** If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to *www.ssa.gov*.
City or town, state, and ZIP code		

(c) ☐ **Single** or **Married filing separately**
☐ **Married filing jointly** or **Qualifying surviving spouse**
☐ **Head of household** (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)

TIP: Consider using the estimator at *www.irs.gov/W4App* to determine the most accurate withholding for the rest of the year if: you are completing this form after the beginning of the year; expect to work only part of the year; or have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs), deductions, or credits. Have your most recent pay stub(s) from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, and when to use the estimator at *www.irs.gov/W4App*.

Step 2: Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at *www.irs.gov/W4App* for the most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate . . . . . ☐

Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependent and Other Credits

If your total income will be $200,000 or less ($400,000 or less if married filing jointly):

Multiply the number of qualifying children under age 17 by $2,000 $ _____

Multiply the number of other dependents by $500 . . . . . $ _____

Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here . . . . . **3** $

Step 4 (optional): Other Adjustments

(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . . **4(a)** $

(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . . **4(b)** $

(c) Extra withholding. Enter any additional tax you want withheld each **pay period** . . **4(c)** $

Step 5: Sign Here

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

Employee's signature (This form is not valid unless you sign it.) _____ **Date** _____

Employers Only

Employer's name and address	First date of employment	Employer identification number (EIN)