



Governor's Office of
Storm Recovery



Disaster Recovery (DR) Workforce Training Program

Application for Participation

PLEASE READ THIS PAGE BEFORE COMPLETING THE APPLICATION

Completion of this application document is the first step in starting the approval process for participation in the DR Workforce Training Program. The attached application needs to be filled out **completely**. Please carefully read the instructions to complete the application and submit all required supplemental documentation, as required. Where requested, please be sure to provide information on **each** person living in your home.

Please note, the Program Administrator will ***not*** be responsible for any documents being returned to you, regardless of your eligibility and/or acceptance into this Program. Please do not provide original documents of any supplemental documentation. ***LEGIBLE COPIES ONLY.***

Application Submission

Submissions will only be accepted if all documents are included with this application packet submitted via the accepted methods below in complete form on or before the deadline for completion. Please address your application to the following:

Rebuilding Together NYC c/o Workforce Training Program
285 Van Brunt Street, Floor 1
Brooklyn, NY 11231
PHONE: 718-488-8840

Hours: 9 a.m. to 5 p.m., Monday through Friday

Applications may be submitted via the following methods:

Via United States Postal Service (USPS)

Postmark Date on mailed application will be used as the official date of submission

- **Hand Delivery**

The office is located at 285 Van Brunt Street, Brooklyn, NY 11231. Applications will be accepted Monday through Friday, 9 a.m. to 5 p.m.

- **E-mail**

Applications and documents may be scanned and e-mailed to workforce@rebuildingtogethernyc.org.

- **Fax**

Applications can be faxed to this number: (718) 488-8847.

Application Review Process:

- All completed applications and required supplemental documentation will be verified and approved by the Program Administrator.
- Once a review of your application has been completed, you will be notified of your eligibility for participation.
- If you do not receive assistance initially, your application may be kept on file, pending the possible availability of unallocated program funds.
- The Program Administrator has the right to ask you to provide certified copies of documents when necessary, and may request additional items upon receipt of your application.

Please note, the submission of an application is not a guarantee of Program participation. If you have any questions, please contact the Office of the Program Administrator at 718-488-8840.

We strongly encourage you to call and set-up an appointment if application assistance is needed. If any supplemental information requested by program staff is requested to be faxed or mailed, we also request for you to call and verify that your information has been received.

DR Workforce Training Program Application for Participation

General Instructions

- Read the instructions for this application.
- Please type or use BLUE or BLACK ink. Do not use pencil or colored ink. Please write legibly. All blanks must be completed or have N/A written in.
- The Applicant must sign and date the application.

Itemized Instructions

1. **APPLICANT INFORMATION:** Provide your legal name, an address where you are currently residing, receive your mail (may or may not be the subject property), an e-mail address (if applicable), your date of birth, and other fields.
2. **RACE AND ETHNICITY:** This information is being collected to ensure compliance with federal Housing and Equal Opportunity regulations.
3. **EMPLOYMENT STATUS:** Provide information on your current employment status.
4. **INCOME INFORMATION:** Provide information on all household income sources. Income includes the following: Wages, salaries and tips, alimony, child support, military income, part-time income, temporary income, Temporary Assistance for Needy Families (TANF), Social Security, other benefits, and other income for all household members over age 18.
5. **SUPPORTIVE DOCUMENTS:** Lists all supplemental documentation needed for application submission
6. **APPLICANT CERTIFICATION:** Certify that all information in the application is true, to the best of your knowledge. Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.
7. **ELIGIBILITY RELEASE:** It is required that you sign this form, which allows GOSR and/or the Program Administrator to request information from Third Parties concerning your eligibility and participation in this program. This form allows for income, assets, child support, etc. to be verified and documented.
8. **APPLICANT CERTIFICATION/VERIFICATION FORM:** It is required that you sign this form authorizing final submission. This form will be used by Program personnel to verify submission and if eligible, application approval

1. Applicant Information.

Name: _____
(Last) (First)

Current Address: _____
(Street) (Apt)

(City) (State) (Zip)

Mailing Address: _____
(Street) (Apt)

(City) (State) (Zip)

Phone: _____
(Primary) (Cell)

Email: _____

Date of Birth: _____

Gender: Male Female Other _____

How did you hear about the Rebuilding Together NYC Disaster Recovery Workforce Training Program?

Friend/Relative Non-profit/Community Organization Elected Official

Other _____

2. Race and Ethnicity. Race:

(Check all that Apply)

- White
- Black or African American
- American Indian or Alaskan Native
- Native Hawaiian or Other Pacific Islander
- Asian
- Other Multi-Racial

Ethnicity: (Check One)

- Hispanic or Latino—a person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race. The term “Spanish origin” can be used in addition to “Hispanic or Latino.”
- Non-Hispanic or Latino- a person not of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race.

Primary Language: _____

English Proficient? Yes No

3. Employment Status.

Are you currently employed? Yes No

Employer: _____

Full Time Part Time

Check all that apply:

- I am physically able to work.
- I am interested in working in the field of construction/deconstruction.
- I am able and willing to commit to a full-time program for 7-weeks.

High School Diploma/TASC/GED: Yes

No

4. Income Information

Participation in the Program is limited to persons of low/moderate income. Income must be calculated on the **total household income**—income from all persons living within the household. The Table below reflects the income limits for participation in the Program.

FY2015 Income Limits

Median Income	FY 2015 Income Limit Category	Persons In Family							
		1	2	3	4	5	6	7	8
\$63,700	Very Low (50%) Income Limit (\$)	30,250	34,550	38,850	43,150	46,650	50,100	53,550	57,000
	Extremely Low Income Limit (\$)	18,150	20,750	23,350	25,900	28,410	32,570	36,730	40,890
	Low (80%) Income Limit (\$)	48,350	55,250	62,150	69,050	74,600	80,100	85,650	91,150

Source: HUD 2015 Income Limits for NY HUD Metro FMR Area

INCOME INFORMATION: Please list all persons residing in your household. You must list everyone who lives in your home at least 51% of the year, regardless of your relationship to that person.

Full Name	Relationship	Sex	Age	Race	Date of Birth	Social Security Number
1.	Head of Household					
2.						
3.						
4.						
5.						

Please record below monthly income for each Household Member (Corresponding to #1-8 as listed above)

Income includes: Wages, salaries and tips, alimony, child support, military income, part-time income, temporary income, TANF, Social Security, other benefits and other income. If none, please write "0." Please attach a separate sheet if you need additional space. Please note, supplemental food benefits are *not* considered income. Do not list.

Employment Income Certification

Type of Income	Head of Household	Household Member #1	Household Member #2	Household Member #3	Household Member #4	Household Member #5
Wages and Salaries						
Fees/Tips						
Bonuses						
Social Security						
SNAP (Food Stamps)						
Retirement Pension Funds						
Armed Forces Pay						
Supplemental Security Income (SSI)						
Supplemental Security Disability Income (SSDI)						
Worker's Compensation						
Short/Long Term Disability Pay/ Benefits						
Unemployment Compensation						
Severance Pay						

5. Supportive Documents

- **Proof of Residence** (e.g. ConEdison bill, Time Warner bill)
- **Proof of Citizenship** (e.g. copy of birth certificate, U.S. Passport, Certificate of Citizenship, or Naturalization Certificate) or Authorization to Work in the US (e.g., Employment Authorization Document)
- **Proof of income.** (This includes all household income received. For example, child support, alimony, social security, public assistance, etc.) (Examples of supportive documents: current or past W-2, 2016 tax return, benefits letter)

6. Applicant Certification.

<p>APPLICANT CERTIFICATION: Certify that all the information in the application is true, to the best of your knowledge. By signing this application to verify the information contained, the applicant authorizes the state or any of its duly authorized representatives to verify information contained herein.</p>	
<p>I understand the information provided above is collected to determine if I am eligible to participate in the DR Workforce Training Program. I hereby certify that all the information provided herein is true and correct. I understand that providing false statements or information is grounds for termination in participation in the Program and is punishable under federal law. I authorize the Program Administrator and any of its duly authorized representatives to verify all information provided in this application. I understand that additional information will likely be required to move forward with this program and understand that failure to provide this information in a timely manner will jeopardize my/our ability to participate in the program. If accepted into the program, I understand that I will receive in-class learning and on-site work throughout the five boroughs of New York City over the course of seven (7) weeks. Upon successful completion of the program, I will receive my Home Builders Institute certification, OSHA 10, 4 Hour User Supported Scaffold Safety Training, Flagger Certificate Training, and a stipend of \$1,000. I understand I can be expelled from the Program at any time for misconduct and tardiness.</p>	
<p>Signature of Applicant:</p>	<p>Date:</p>
<p>Warning: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.</p>	

7. Eligibility Release.

<p>7. ELIGIBILITY RELEASE. <i>It is required that you sign this form, which allows the Program Administrator to request information from third parties including government entities and insurers concerning your eligibility and participation in this program.</i></p>		
<p>Applicant Name:</p>		
<p>Applicant Address:</p>		
<p>Instructions to Applicant: Your initials on this Eligibility Release authorizes the Program Administrator and GOSR or any of its duly authorized representatives to obtain information from a third party regarding your eligibility and continued participation in the DR Workforce Training Program funded by Community Development Block Grant - Disaster Recovery (CDBG-DR) funding. Each adult member of the household must sign this Eligibility Release.</p>		
Description	Verification Required	Applicant Initials
Income (all sources) including verification of dependent full-time student	X	
Assets (all sources)	X	

8. Applicant Certification/Verification Form:

I authorize the Program Administrator, its Authorized Designees and the Governor’s Office of Storm Recovery to obtain information about me and my household that is pertinent to determining my eligibility for participation in the Program.

I acknowledge that:

1. A photocopy of this form is as valid as the original;
2. You may make copies of this letter or send as a fax to distribute to any party with which I have a relationship and that party may treat that copy as an original;
3. I have the right to review information received using this form;
4. I have the right to a copy of information provided to the Program Administrator and to request correction of any information I believe to be inaccurate; and,
5. All adult household members (aged 18 and over) will sign this form and cooperate with the Program Administrator in the eligibility verification process.

WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any Department of the United States Government.

Please Have All Household Members Age 18 and Over Print, Sign and Date Below		
Signature-Head of Household	Print Name	Date
Other Household Member	Print Name	Date
Other Household Member	Print Name	Date
Other Household Member	Print Name	Date
Other Household Member	Print Name	Date
Other Household Member	Print Name	Date
Other Household Member	Print Name	Date

Privacy Act Notice Statement:
 Application to participate in the DR Workforce Training Program requires the collection of the information listed in this form to determine an applicant's eligibility for the Program.

This information will be used to establish the eligibility to participate in the Program. Information received from an applicant or as a result of verifying an applicant's eligibility may be released to appropriate federal, state, and local agencies or, when relevant, to civil, criminal, or regulatory investigators, and to prosecutors. Failure to provide any information may result in delay or rejection of your eligibility approval.

Please Note:
 THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. If a copy of a tax return is needed, IRS Form 4506, "Request for a Copy of Tax Form," must be prepared and signed separately.