



Governor's Office of  
Storm Recovery



**Rebuilding Together NYC  
Workforce Training  
Program  
Application for Participation**

**PLEASE READ THIS PAGE BEFORE COMPLETING THE  
APPLICATION**

Completion of this document is the first step in applying to the 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**

Applicants will be marked complete once all supportive documents are submitted and the questions on this form are answered completely. Applications can be submitted one of four ways:

1.) **Mailed** to:

**Rebuilding Together NYC c/o Workforce Training Program  
126 10th Street, #A  
Brooklyn, NY 11215**

2.) **Delivered in person** to the above address. Applications will be accepted Monday through Friday from 9:00 a.m. to 5:00 p.m.

3.) **E-mailed** to [workforce@rebuildingtogethernyc.org](mailto:workforce@rebuildingtogethernyc.org)

4.) **Faxed** to (718-488-8847)

If you have any questions please call **718-488-8840 x18** or email [workforce@rebuildingtogethernyc.org](mailto:workforce@rebuildingtogethernyc.org).

**Application Review Process:**

- The Program Administrator will review your completed application to determine if you are eligible for the program.
- Once a review of your application has been completed, you will be invited to the office for an interview and a written math test.
- Participants who pass the interview and math exam will be notified of acceptance via email the week before class begins.
- If you are not accepted into the Program initially, a referral to another program may be made. Your application will be kept on file, and you may be invited back to interview for a future cohort if space and funding allow.
- 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 acceptance. If you have any questions, please contact the Office of the Program Administrator at 718-488-8840 x18.

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.

## **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 how you heard about our program. The contact information provided here will be used by Program staff to schedule your interview, so please make sure to be as accurate as possible.
2. **DEMOGRAPHIC INFORMATION:** This information is being collected to ensure compliance with federal Housing and Equal Opportunity regulations.
3. **APPLICANT HISTORY:** Provide information about your past. These questions are for data tracking purposes only, and your answers will remain anonymous outside of the internal RT NYC database.
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 the Program Administrator and/or the program's funders 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: \_\_\_\_\_  
(First) (Last)

Phone: \_\_\_\_\_  
(Cell) (Home)

Name of Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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

Friend/Relative \_\_\_\_\_  Community Organization \_\_\_\_\_

Elected Official \_\_\_\_\_  Other \_\_\_\_\_

*Current Address:* \_\_\_\_\_  
(Street) (Apt)

\_\_\_\_\_  
(City) (State) (Zip)

\_\_\_\_\_  
(Name of NYCHA development, if applicable)

*Mailing Address:* \_\_\_\_\_  
(Street) (Apt)

\_\_\_\_\_  
(City) (State) (Zip)

## 2. Demographic Information.

*Race/Nationality:*

*(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.

*Gender:*                     Male                     Female                     Other \_\_\_\_\_

*Date of Birth:* \_\_\_\_\_

## 3. Applicant History.

The next few questions are for data tracking purposes and will only be shared with outside parties for statistical reasons (i.e. 75% of applicants have a high school diploma or higher).

*Employment status*

*(Check all that apply)*

- Full Time
- Part Time
- Seasonal
- Temp
- Self-employed
- Unemployed

*If you are employed.*

*Name of Employer:* \_\_\_\_\_

*If you are not currently working, how many months have you been unemployed?* \_\_\_\_\_

*What was the hourly wage at your last job? If you're working, please list your current wage:* \_\_\_\_\_

*Please mark the highest level of education you completed.*

- Primary School
- Middle School
- Some High School
- Graduated High School/passed GED exam
- College
- Masters
- PhD

*Do you or anyone else in your household receive any form of government assistance (SNAP, SSI, SSDI, etc)?*

- Yes       No

*Do you currently live in a shelter?*

- Yes       No

*Are you currently on parole or probation?*

- Yes       No

*Are you able to pass a drug test?*

- Yes       No

*Primary Language:* \_\_\_\_\_      *English Proficient?*     Yes     No

*Are you a citizen of the United States?*

- Yes       No

*Are you the custodial parent of minor children?*

- Yes       No

*If yes, do you have adequate childcare in place?*

- Yes       No

*Do you have a driver's license?*

- Yes       No

Check all that apply:

- I am physically able to lift 50 pounds or more.
- I am interested in an apprenticeship after graduation and a permanent career in construction.
- I am able to commit to a full-time training program for a period of 6 weeks.

**4. Income Information**

Participation in the Pre-Apprenticeship 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.

**FY2017 Income Limits**

| Median Income | FY 2017 Income Limit Category    | Persons In Family |        |        |        |        |
|---------------|----------------------------------|-------------------|--------|--------|--------|--------|
|               |                                  | 1                 | 2      | 3      | 4      | 5      |
| \$66,800      | Very Low (50%) Income Limit (\$) | 33,400            | 38,200 | 42,950 | 47,700 | 51,540 |
|               | Extremely Low Income Limit (\$)  | 20,040            | 22,920 | 25,770 | 28,620 | 30,930 |
|               | Low (70%) Income Limit (\$)      | 46,760            | 53,480 | 60,130 | 66,780 | 72,170 |

Source: HUD 2017 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 #1-5 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. bill, copy of the lease, official mail)
- **If you live in NYCHA housing** and are on the lease, please provide a copy of your lease
- **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)
- **High School Diploma or GED, if applicable**



## 6. Applicant Certification.

|  |                     |
|--|---------------------|
| <p><b>APPLICANT CERTIFICATION:</b> 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 Workforce Training Program.<br/>         I hereby certify that all the information provided herein is true and correct.<br/>         I understand that providing false statements or information is grounds for termination in participation in the Program and is punishable under federal law.<br/>         I authorize the Program Administrator and any of its duly authorized representatives to verify all information provided in this application.<br/>         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.<br/>         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 six (6) 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.<br/>         I understand I can be expelled from the Program at any time for misconduct and tardiness.</p> |                     |
| <p><b>Signature of Applicant:</b></p>  | <p><b>Date:</b></p> |
| <p><b>Warning:</b><br/>         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><b>7. ELIGIBILITY RELEASE.</b> <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><b>Applicant Name:</b></p>   |   |
| <p><b>Applicant Address:</b></p>  |   |
| <p><b>Instructions to Applicant:</b> Your initials on this Eligibility Release authorizes the Program Administrator, Program Funders, Program Community Partners, or any of its duly authorized representatives to obtain information from a third party regarding your eligibility and continued participation in the Workforce Training Program. Each adult member of the household must sign this Eligibility Release.</p> |   |
| <p><b>Description</b></p>   | <p><b>Verification Required    Applicant Initials</b></p> |
| <p>Income (all sources) including verification of dependent full-time student</p>   | <p>X</p>  |
| <p>Assets (all sources)</p>   | <p>X</p>  |

**8. Applicant Certification/Verification Form:**

I authorize the Program Administrator, Program Funders, Program Community Partners, and their Authorized Designees 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 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.