



## NEW YORK CITY HOUSING AUTHORITY RESIDENT EMPLOYMENT SERVICES CUSTOMER INFORMATION

This Customer Information Form gives you access to some of NYCHA's Resident Employment Services. The services include the use of computers, fax machines, copiers, telephones, as well as other services to support your job search. Access to certain services and benefits at NYCHA Resident Employment requires verifying eligibility. Please follow the directions for completing this form. After reviewing your completed information, our staff will suggest appropriate next steps for you to take. **Please print clearly in ink.**

### SECTION A: CUSTOMER BACKGROUND *(All Customers must complete Section A)*

<b>1. INDIVIDUAL INFORMATION</b>					
_____		_____		_____	
Last Name		First Name		Middle Name	
SOCIAL SECURITY NUMBER ____ - ____ - _____			DATE OF BIRTH ____ / ____ / ____ Month Day Year		
PREFERRED LANGUAGE 1. _____ 2. _____				GENDER <input type="checkbox"/> Female <input type="checkbox"/> Male	
HOME ADDRESS		APT.	CITY	STATE	ZIP CODE ____ - ____ - ____
MAILING ADDRESS <i>(If different from home address or if P.O. Box is used)</i>			CITY	STATE	ZIP CODE ____ - ____ - ____
HOME PHONE # ( )	ALTERNATE PHONE # ( )	E-MAIL		PREFERRED METHOD OF CONTACT: <input type="checkbox"/> Mail <input type="checkbox"/> E-Mail <input type="checkbox"/> Home Phone <input type="checkbox"/> Alternate Phone	
NYCHA RESIDENT <input type="checkbox"/> Yes <input type="checkbox"/> No	NAME OF DEVELOPMENT		DO YOU HAVE A VALID DRIVER'S LICENSE? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, type _____		
SECTION 8 VOUCHER HOLDER <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, please indicate the Voucher Number _____			
<b>2. HOW DID YOU HEAR ABOUT NYCHA'S RESIDENT EMPLOYMENT SERVICES?</b>					
<input type="checkbox"/> Management Office		<input type="checkbox"/> Community Center			
<input type="checkbox"/> Department of Labor		<input type="checkbox"/> Internet		<input type="checkbox"/> Family/Friend	
<input type="checkbox"/> Training Center/School _____		<input type="checkbox"/> 311 <input type="checkbox"/> Walk-in <input type="checkbox"/> Flyer <input type="checkbox"/> Ad _____			
<input type="checkbox"/> Government Agency _____		<input type="checkbox"/> Community Organization _____			
		<input checked="" type="checkbox"/> Other ACCESS NYC _____			
<b>ARE YOU INTERESTED IN A SPECIFIC NYCHA RES CAREER INITIATIVE?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No					
If Yes, specify _____					
<b>3. EDUCATION</b>					
Last grade completed (1-12) _____		Years of vocational or technical training (1-10) _____		Years of College (1-10) _____	
Diplomas, Certificates, and Degrees received, please check <u>all</u> that apply:					
<input type="checkbox"/> High School Diploma		<input type="checkbox"/> GED		<input type="checkbox"/> Vocational	
<input type="checkbox"/> Associate's		<input type="checkbox"/> Bachelor's		<input type="checkbox"/> Master's	
<input type="checkbox"/> Doctoral		<input type="checkbox"/> Educational credential <i>(High School or above)</i> granted by a non-United States institution			
				Are you enrolled in school full-time? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>FOR OFFICE USE ONLY</b>					
This is to certify that _____ is a bona fide NYCHA resident of this development and in good standing.					
Residency verified by: _____			Signature: _____		
NYCHA Staff <i>(Print Name &amp; Title)</i>					
Account Number: _____		Date: ____/____/____		Development Stamp _____	

**Confidentiality Notice:** By completing and submitting this form, you authorize the New York City Housing Authority to process this form and any other relevant information for employment training, and for administrative and reporting purposes. To the extent required by law, the New York City Housing Authority will keep such information confidential and, to the extent permitted by law and for the purpose of better serving you, the New York City Housing Authority will share such information with the New York City Human Resources Administration, its Work Experience Program and/or other city, state or federal job training/employment training or the administration of public housing.

**4. EMPLOYMENT AND INCOME**

What is your employment status, please check one:

- Unemployed     Employed Part-time     Employed Full-time     Employed, but received notice of termination/layoff (including military separation)  
 Self-Employed

In what occupations have you worked? Write all that apply in the space below.

\_\_\_\_\_

Do you receive public assistance?     Yes     No

If Yes, please check all that apply:

- TANF (cash assistance)     TANF Exhaustee (received cash assistance in the past 6 months, but not currently)     Safety Net     Food Stamps  
 Supplementary Security Income (SSI)     Refugee Cash Assistance (RCA)

**5. UNEMPLOYMENT INSURANCE**

Please check one box that best describes your unemployment insurance status:

- Receiving Benefits     Not Eligible for Benefits     Used Up/Exhausted Benefits     Did Not Apply for Benefits     Application pending

How many weeks have you been out of work in the last 26 weeks (6 months)? \_\_\_\_\_

**6. CUSTOMER ASSESSMENT**

Please check all that apply to help NYCHA Resident Employment Services staff direct you to available services:

**6A. FAST-TRACK TO A JOB**

- I have an up-to-date resume  
 I want a job immediately  
 I am currently employed but want a better paying job  
 I have substantial past work experience

**6B. JOB PREPARATION AND SEARCH SKILLS**

- I need help writing or improving my resume  
 I want help preparing for interviews, enhancing communications and interpersonal skills, and improving my professional image  
 I need help with time management, financial or planning skills  
 I plan to use the Resource Room to do an independent job search

**6C. TRAINING AND CAREER PLANNING**

- I want the help of a counselor to plan my career  
 I want to get vocational or technical training  
 I have little or no work experience  
 I cannot do the work I used to do because of changes in technology

**6D. BASIC SKILLS**

- I need help preparing for the GED exam to get my High School equivalency diploma  
 English is not my native language, and I want to improve my English language skills through classes like ESL  
 I want to learn basic computer skills like using the Internet, e-mail, and/or word processing

**6E. ADDITIONAL EMPLOYMENT ASSISTANCE\***

In order to get and keep a job I may need help with:

- Health or disability issues  
 Transportation to interviews and work  
 Managing legal matters                       Work clothes  
 Health Insurance                                       Unstable housing situation or eviction  
 Access to telephone/voicemail               Childcare  
 Eldercare  
 Other concerns \_\_\_\_\_

\*This information helps NYCHA Resident Employment Services staff understand your employment related concerns. Completing this section is voluntary.

**6F. EXCLUSIVE RESIDENT EMPLOYMENT SERVICES**

- Add me to the Section 3 list so contractors can contact me for temporary construction work  
 I am interested in an apprenticeship in the construction field  
 I am interested in starting my own business and need assistance  
 I have my own business and I would like additional business assistance

**6G. COMPUTER ACCESS**

- I have a computer  
 I have Internet access

**SECTION B: CUSTOMER EMPLOYMENT AUTHORIZATION AND WORK HISTORY**

**7. ELIGIBILITY TO WORK**

Are you legally permitted to work in the United States?  Yes  No  Don't Know

**8. WORK HISTORY**

Please list the last two jobs held starting with the most recent:

**JOB ONE**

NAME OF EMPLOYER	INDUSTRY
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EMPLOYER ADDRESS	CITY	STATE	ZIP CODE
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DATES OF EMPLOYMENT  
 From \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Month Day Year Month Day Year

JOB TITLE	SALARY / WAGES \$ _____ per <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year
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REASON FOR LEAVING: <input type="checkbox"/> Resigned <input type="checkbox"/> Terminated <input type="checkbox"/> Temp <input type="checkbox"/> Laid-off <input type="checkbox"/> Seasonal <input type="checkbox"/> Other _____	HOURS WORKED PER WEEK
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KEY DUTIES

SUPERVISOR'S NAME	TELEPHONE # (____) _____ - _____
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**JOB TWO**

NAME OF EMPLOYER	INDUSTRY
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EMPLOYER ADDRESS	CITY	STATE	ZIP CODE
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DATES OF EMPLOYMENT  
 From \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Month Day Year Month Day Year

JOB TITLE	SALARY / WAGES \$ _____ per <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year
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REASON FOR LEAVING: <input type="checkbox"/> Resigned <input type="checkbox"/> Terminated <input type="checkbox"/> Temp <input type="checkbox"/> Laid-off <input type="checkbox"/> Seasonal <input type="checkbox"/> Other _____	HOURS WORKED PER WEEK
---	-----------------------

KEY DUTIES

SUPERVISOR'S NAME	TELEPHONE # (____) _____ - _____
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**SECTION C: CUSTOMER SIGNATURE** (All Customers must complete Section C)

**9. VERIFICATION OF MY CUSTOMER INFORMATION AND RECEIPT OF INFORMATION**

I certify that the information I have provided in this application is accurate and complete to the best of my knowledge. I understand that this information is subject to verification, and that false or deliberately incomplete answers may result in my disqualification from NYCHA Resident Employment Services' programs.

Customer's Signature _____	Date ____ / ____ / ____ Month Day Year
Guardian's Signature _____ (Required if applicant is under 18 years old)	Date ____ / ____ / ____ Month Day Year

**FOR OFFICE USE ONLY**

**GENERAL ADULT ELIGIBILITY**

**1. WORK ELIGIBILITY** (One document from List I OR one from List II AND one from List III from the Eligibility Verification insert in the Customer Information Form)

- U.S. Passport (unexpired or expired)
- Certificate of U.S. Citizenship (Form N-560 or N-561)
- Certificate of Naturalization (Form N-560 or N-570)
- Unexpired Foreign Passport with I-561 stamp or attached Form I-94 indicating unexpired employment authorization
- Permanent Resident Card or Alien Registration Receipt Card with photograph (Form I-151 or I-551)
- Unexpired Temporary Resident Card (Form I-688)
- Unexpired Employment Authorization Card (Form I-688A)
- Unexpired Reentry Permit (Form I-327)
- Unexpired Refugee Travel Document (Form I-571)
- Unexpired Employment Authorization Document issued by the Department of Homeland Security (DHS) that contains a photograph (Form I-688B)

**List II and III**

- II \_\_\_\_\_
- III \_\_\_\_\_

**2. BIRTH DATE**

- Pending
- Birth Certificate or Baptismal Certificate or Hospital Record of Birth
- Driver's License
- Passport
- School Records/Identification Card
- Federal, State or Local Government ID Card
- Work Permit
- DD-214: U.S. Military Report of Transfer or Discharge
- Public Assistance/Social Services Records
- Other \_\_\_\_\_

**3. NYCHA RESIDENCY**

- Family Composition Letter

**4. SOCIAL SECURITY NUMBER**

- Pending
- SS Card or SS Benefit Doc. or Notice of SSN Assignment
- W2 Form or Pay Stub (with SSN listed)
- Employment Records or IRS Form Letter 1772
- DD-214: U.S. Military Report of Transfer or Discharge (with SSN listed)
- Letter from Social Service Agency (with SSN listed)
- Driver's License (with SSN listed)
- Other \_\_\_\_\_

**5. SELECTIVE SERVICE** (If applicable)

- Pending
  - Selective Service Letter/Registration Card
  - DD 214, U.S. Military Report of Transfer or Discharge (if 26 or older)
  - Stamped Post Office Receipt of Registration
  - Selective Service Waiver
  - Internet Verification/Registration (<http://www.sss.gov>)
  - Selective Service Telephone Verification (847) 688-6888
- Date: \_\_\_ / \_\_\_ / \_\_\_\_\_ Registration # \_\_\_\_\_

**6. WAGE VERIFICATION** (For employment in past year)

- Pending     Pay Stub     Employer Verification     W2
- Other \_\_\_\_\_

**7. NAME CHANGE** (If applicable)

- Pending
- Marriage Certificate
- Letter from SSA indicating a new name associated with a Social Security Number
- Legal Name Change Document
- Other \_\_\_\_\_

**8. ADDITIONAL REQUIRED INFORMATION**

Please ask the following questions directly of customers. Explain that this information is required by the U.S. Department of Labor (USDOL) and that their answers (Yes or No) do not impact eligibility for WIA Title I-B registration. See supporting documentation for USDOL definitions.

- Is customer determined to be low income?  Yes  No
- Is customer homeless and/or lacks a stable nighttime residence?  Yes  No
- Is customer an offender or ex-offender and/or requires assistance managing a record of arrest or conviction?  Yes  No
- Is customer a single-parent with primary responsibility for at least one dependent (under age 18)?  Yes  No

**DISLOCATED WORKER ELIGIBILITY**

**9.1 INDIVIDUAL TERMINATION/LAYOFF**

- Pending
  - Letter from Employer
  - Certification of Expected Separation
  - Proof of Impending Termination or Layoff
- AND**
- Unlikely to return to prior industry or occupation
- AND**
- is eligible for UI or has exhausted benefits
- OR**
- Employed enough to show attachment to the workforce, but is ineligible for UI due to insufficient earnings or because the employer had no UI coverage

**9.2 PERMANENT FACILITY CLOSURE OR SUBSTANTIAL LAYOFF**

- Pending
- Substantial Layoff notice stating plant closing, substantial layoff of at least 33% of workforce from your previous employer
- Media Announcement with Employment Verification
- Letter from Employer
- Certification of Expected Separation

**9.3 PUBLIC ANNOUNCEMENT**

- (Closing within 180 Days or Impending Closing)
- Pending
  - Documentation from Media Source
  - Employer Verification

**9.4 FORMERLY SELF-EMPLOYED**

- Pending
- Failure of Business Supplier or Failure of Business Customer
- IRS Documentation
- Federal/State Declaration of Disaster or Approved Disaster
- Unemployment Rate
- Business License/Permit
- Labor Market Information, Approved Labor Market Analysis
- Depressed Prices or Market **AND**
- Permanent Dislocation

**9.5 DISPLACED HOMEMAKER**

- Pending
- Bank/Financial Records
- IRS Documentation
- Medical Records/Death Certificate
- Court Records/Proof of discontinuance of support (e.g., spouse layoff notice)
- Customer Attestation **AND**
- Employer Verification
- Job Search Verification

**ELIGIBLE FOR AND ENROLL AS (Intake Officer's Initials Required)**

CORE SERVICES INITIALS \_\_\_\_\_ ADULT SERVICES INITIALS \_\_\_\_\_ DISLOCATED WORKER SERVICES INITIALS \_\_\_\_\_

I certify to the best of my knowledge that the answers contained in this Customer Information Form have been verified in accordance with established procedures.

INTAKE OFFICER'S SIGNATURE \_\_\_\_\_

DATE: \_\_\_ / \_\_\_ / \_\_\_\_\_

CENTER MANAGER'S SIGNATURE \_\_\_\_\_

DATE: \_\_\_ / \_\_\_ / \_\_\_\_\_



**NEW YORK CITY HOUSING AUTHORITY  
RESIDENT EMPLOYMENT SERVICES**

**ADDITIONAL DEMOGRAPHIC INFORMATION**

Answering these questions is voluntary. Information will be kept confidential and is intended for use solely in connection with recordkeeping and equal opportunity purposes. You will not be penalized for refusal to answer

Name \_\_\_\_\_

Development \_\_\_\_\_

ETHNICITY:  Hispanic  Not Hispanic

RACE:  White  Black or African American  American Indian or Alaskan Native  
 Asian  Native Hawaiian or Pacific Islander

Do you have a disability, which means a physical or mental impairment that substantially limits one or more major life activities?  Yes  No

Are you a Veteran?  Yes  No

**If Yes**, are you a Campaign Veteran?  Yes  No

Provide dates of Active Service:

From: \_\_\_ / \_\_\_ / \_\_\_  
*Month Day Year*

To: \_\_\_ / \_\_\_ / \_\_\_  
*Month Day Year*

Are you a Disabled Veteran?  Yes  No

**If Yes**, do you have Special Disabled Veteran status?  Yes  No

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